

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 339
 Township Kaw Primary Registration District No. 0002
 City Kansas City, Mo. (No. St Lukes Hospital) File No. 5958
 Registered No. 916
 St. _____ Ward _____

2. FULL NAME Donald Lee Daniels
 (a) Residence, No. 4520 Fairmount St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NA

10. Date deceased last worked at this occupation (month and year) 10/11

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

MOTHER

13. NAME Harry H. Daniels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

15. MAIDEN NAME Alice Gascoigne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harry H. Daniels

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE 2-25-33

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc.

20. FILED 2/24 1933 B. C. No. M. Crowne Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1932, to 2-24 1933

I last saw him alive on 2-23 1933 Death is said to have occurred on the date stated above, at 4:30 AM

The principal cause of death and related causes of importance were as follows:
 Date of onset _____

110
A Broncho Pneumonia (Complicating L. grippe) 12-22-32
 Other contributory causes of importance: Fibrosis of lung

Name of operation Transfusion Date of 2-27-33
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Harry C. Berger, M.D.
 (Address) 1306 Professional Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Isenberg
Harry

Professional Body