

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

Do not use this space.

13804

1. PLACE OF DEATH

County Linn Registration District No. 496
 Township _____ Primary Registration District No. 2025
 City Brookfield No. 22 West North St. 2nd Ward

File No. _____
 Registered No. 40

2. FULL NAME

Cara Emily McDonald
 (a) Residence, No. West North St., 2nd 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 <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Alexander McDonald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) <u>g. Haverhill</u> (STATE OR COUNTRY) <u>Massachusetts</u>		
FATHER	13. NAME <u>J. B. Strong</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Montreal</u> (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Virginia Le Veque</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Quebec</u> (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT <u>Mrs. J. C. Garaty</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Michael's</u> DATE <u>May 10</u> 19 <u>33</u>		
19. UNDERTAKER <u>James J. Dowden</u> (ADDRESS) <u>Brookfield</u>		
20. FILED <u>5-10</u> 19 <u>33</u> <u>Le E Jenkins</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

✓ 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1933, to 4-8, 1933
 I last saw her alive on 4/8, 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:
SVT, Pulled Stroke
10v S. A. W.
 Other contributory causes of importance:
Hypertension
 Date of onset 3 days
2 yrs.

Name of operation None Date of ✓
 What test confirmed diagnosis Post. M. Was there an autopsy? no

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) J. M. Lamy, M. D.
 (Address) Brookfield, Mo

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.

JUN 23 1933

