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.

NOV 10 1933

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

Do not use this space.

32532

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No.

2 Township Fishing River — Primary Registration District No. 3011 — Registered No. 133

4 City Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME James W. McDonald

(a) Residence, No. 507 Cherry St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie F. WcDonald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28-1881

7. AGE: YEARS 52 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La

FATHER

13. NAME: Isam McDonald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Jennie F. McDonald, Excelsior Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Cemetery DATE: Oct 19 1933

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Spgs Mo

20. FILED: Oct 18 1933 G. D. Craven, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933, to Oct 16, 1933

I last saw him alive on Oct 16, 1933. Death is said to have occurred on the date stated above, at 4:50 A.m.

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

acute Nephritis about Oct 4-33 — Date of onset

59

130

59

Other contributory causes of importance: Diabetis past 1½ yrs

Name of operation: none — Date of —

What test confirmed diagnosis? clinical — Was there an autopsy?

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) G. D. Craven, M. D.

(Address) Ex. Spgs. Mo