

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.

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

Do not use this space.

1204

1. PLACE OF DEATH

County... Jackson  
Township... Kaw  
City... Kansas City (No. 3400 Wayne Avenue)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 174  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Jessie G. McDonald

(a) Residence, No. 3400 Wayne Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Ohio

13. NAME Wm. H. Habden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Keziah Gear

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

17. INFORMANT (ADDRESS) Mrs. P. P. Crawford Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Washington DATE Jan 13, 1934

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 William Plaza

20. FILED Jan 13, 1934 M. M. Crowl Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1934 to 1-10, 1934

I last saw him alive on 1-9, 1934. Death is said to have occurred on the date stated above, at A. M. 1:30

The principal cause of death and related causes of importance were as follows:  
Subacute Bronch. pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Emphysema  
107  
112

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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?  
If so, specify \_\_\_\_\_  
(Signed) H. O. Edwards M. D.  
(Address) 1115 Grand

