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 19 1934

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

Do not use this space.

File No. 16983

Registered No. 2352

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township RAW — Primary Registration District No. 2002

City KANSAS CITY (No. 3819- BALTIMORE St. Ward)

2. FULL NAME JAMES FLOYD DONALDSON

(a) Residence, No. 3819- BALTIMORE 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. NANCY CLAGETT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-24-1888

7. AGE: YEARS 46 | MONTHS 1 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MANUFACTOR OF FANCY CANDY

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J.F. DONALDSON CO.

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) MISSOURI

FATHER

13. NAME THOMAS W. DONALDSON

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

MOTHER

15. MAIDEN NAME NELLIE E. LAWSON

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

17. INFORMANT MRS. MAY BELLE DONALDSON LOOK (ADDRESS) 3817- BALTIMORE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE MAY-29 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111- EAST- 9TH ST.

20. FILED May 29, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY- 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15- 1934, to May 27 1934

I last saw him alive on May 27, 1934. Death is said to have occurred on the date stated above, at 12:30 P m.

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

	Date of onset
Carcinoma Lung (L)	aug 1933
47 B	

Other contributory causes of importance:

Name of operation none Date of operation

What test confirmed diagnosis? Symptoms & Laboratory 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) H. E. Donaldson M. D.

(Address) 714 Chambers Bldg

700 Professional Bldg.
10-5