

MAY 29 1935

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

Do not use this space.

13404

1. PLACE OF DEATH

County Lawrence
Township Aurora
City Aurora (No. _____)

Registration District No. 467Primary Registration District No. 4280

File No. _____

Registered No. 24

St. _____ Ward _____

2. FULL NAME Katherine Josephine McDonald(a) Residence, No. 17 West Locust 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (*write the word*)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFM. H. McDonald

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

July 27-1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.5891

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dixon
Illinois

FATHER

13. NAME John Duffy14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Lee County
Illinois15. MAIDEN NAME Katherine McEnnis16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ireland17. INFORMANT Mr. M. H. McDonald

(ADDRESS)

17 W. Locust St. Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dixon Illinois DATE April 11 193519. UNDERTAKER King Funeral Home

(ADDRESS)

Aurora Mo.20. FILED 4/919. 35R. D. Cowan, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 193522. I HEREBY CERTIFY, That I attended deceased from
Apr. 1 1935, to April 8 1935I last saw her alive on April 8 1935. Death is saidto have occurred on the date stated above, at 11.30 P.M.

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

Angina PectorisDate of onset
4/6/35

Other contributory causes of importance:

Valvular Heart
diseaseName of operation V Date of VWhat test confirmed diagnosis? clinical 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. Smith M. D.(Address) 121 West PleasantAurora Mo

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.

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