

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

Do not use this space.

19088

1. PLACE OF DEATH

County Butler
Township
City Papleva Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 111
St. Ward)

2. FULL NAME

(a) Residence, No. 1216 N. Main at Papleva Bluff Mo. (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

MEDICAL CERTIFICATE OF DEATH

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 Emma M. McDonald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1859

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
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) Jan 1935
11. Total time (years) spent in this occupation All Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Mo

13. NAME Daniel M. McDonald

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

15. MAIDEN NAME Amanda Cunningham

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

17. INFORMANT Helen McDonald (ADDRESS) Papleva Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE city cem DATE June 29 1935

19. UNDERTAKER N.T. Phelp (ADDRESS) Papleva Bluff Mo

20. FILED June 29 1935 Blutstein Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to June 25 1935
I last saw him alive on Jan 25 1935. Death is said to have occurred on the date stated above, at 9:52 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis ✓
Nephritis ✓
Other contributory causes of importance: 131

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

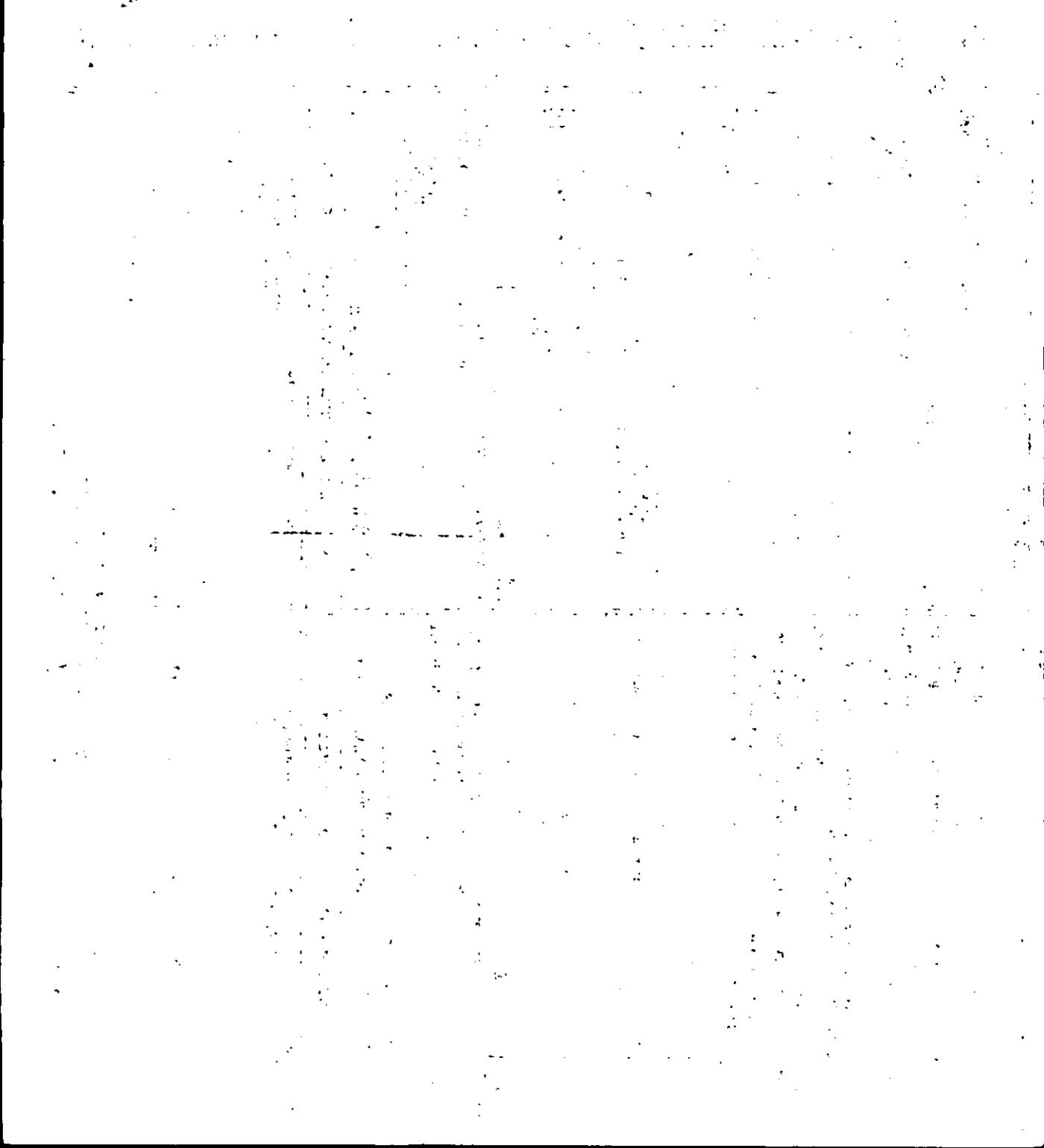
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. J. Brandon M. D.
(Address) Papleva Bluff, 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.

95
X
X
X



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ALL INFORMATION CALLED FOR MUST BE FURNISHED IN THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. _____
 Township _____ Primary Registration District No. 3007 Registered No. 111
 City Paplar Bluff St. _____ Ward _____

2. FULL NAME

John Calvin McDonald

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. That saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1859

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 4 23

Myocarditis
Date of onset _____

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

Other contributory causes of importance:
Chronic Nephritis 131

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

13. NAME

Name of operation _____ Date of _____
 What first confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

19. UNDERTAKER (ADDRESS)

(Signed) W. L. Brandon, M. D.
 (Address) Paplar Bluff Mo.

20. FILED 6/29 OC Cuttenger Registrar.
Signed by wife

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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