

JUL 2 2 1935

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

Do not use this space.

19733

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. 3000 East 6th St. _____ Ward _____)

File No. _____
Registered No. 2453

2. FULL NAME

James S. Donaldson
(a) Residence, No. 3000 East 6th Street 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Smart Donaldson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1867</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>10</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>		11. Total time (years) spent in this occupation
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)		

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

13. NAME William Andrew Donaldson

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

15. MAIDEN NAME Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
No information

17. INFORMANT (ADDRESS)
Frank J. Ridge at 406 East 34th St

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Forest Hill in 6-11-1935

19. UNDERTAKER (ADDRESS)
Sticht Ma (O'Leary) 3235 1st Pl Kansas City

20. FILED 6/10 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1934 to June 10, 1935
I last saw him alive on June 10, 1935 Death is said to have occurred on the date stated above, at 2 A. m.

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

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Chemical 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?
If so, specify _____ (Signed) Frank J. Ridge, M. D.
(Address) 406 or 34th St Kansas City 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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