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.

31550

1. PLACE OF DEATH
County Scotland — Registration District No. 810 — File No.
Township Jefferson — Primary Registration District No. 6055 — Registered No. 36
City (No. St. Ward)

2. FULL NAME John W. McDaniel
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ella McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1868

7. AGE — YEARS 67 — MONTHS 5 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Scotland Co. Mo.

FATHER
13. NAME John E. McDaniel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Amanda Barker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) L. E. McDaniel Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camp Ground DATE Sept 28, 1935

19. UNDERTAKER (ADDRESS) Kent & Baskett Memphis Mo.

20. FILED OCT - 2 1935 19 C. E. Parish Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935, to Sept 26, 1935
I last saw him alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy caused a rupture of an artery in brain which caused death.	Sept 21

Other contributory causes of importance:

82 a 1

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) James A Mitchell, M. D.
(Address) Memphis Mo