

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

Do not use this space.

42078

JAN 23 1936

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township _____ Primary Registration District No. 4470
 City University (No. 6600, Washington) St. _____ Ward _____

File No. _____
 Registered No. 137

2. FULL NAME

William M. Donald
 (a) Residence, No. 6600 Washington St. _____ Ward _____
 (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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertie M. Donald

22. I HEREBY CERTIFY, That I attended deceased from Aug -, 1929, to Dec. 31 -, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1853

I last saw him alive on Dec. 25 -, 1931. Death is said to have occurred on the date stated above, at 9:20 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 22

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 years
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Carcinoma of Stomach
 Other contributory causes of importance: HO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chatham, Ontario
Canada

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

13. NAME Donald M. Donald

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

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

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

15. MAIDEN NAME Margaret Nielsen

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

17. INFORMANT Miss Mary E. Craig
 (ADDRESS) 6600 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lanark Hill DATE Jan 3, 1936

19. UNDERTAKER Shepard Funeral Home
 (ADDRESS) 1167-69 Hamilton Ave

20. FILED Jan. 2, 1936 Lena V. Moller
Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. R. Ryass, M. D.
 (Address) 607 N. Grand St.
St. Louis, 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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