FEB 20 1936

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

Do not use this space.
1445

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City, Mo. (No. 630 Elmwood St. Ward)
Registration District No.: 399
Primary Registration District No.: 1002
File No.: 298
Registered No.:

2. FULL NAME: Daniel Douglas McDonald
(a) Residence, No. 630 Elmwood 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Belle McDonald
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1, 1862
7. AGE: Years 73 Months 11 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Building Contractor
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): Ky

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Anna Belle McDonald, 630 Elmwood, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah Cem. DATE: Jan. 20-36
19. UNDERTAKER (ADDRESS): C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.
20. FILED: 1-20-, 1936 M. M. Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 18-36, 19
22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1935, to Jan. 18, 1934.
I last saw h. alive on Jan. 15, 1934. Death is said to have occurred on the date stated above, at 2:45 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1934

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Blood examination 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) G. W. Rose, M. D.
(Address) 1053 W. Elmwood

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. PHYSICIAN [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v[illegible]