MAR 18 1936

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

Do not use this space.

5279

1. PLACE OF DEATH
County: Dent
Township: Springcreek
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 5370

File No. 12
Registered No. .....

2. FULL NAME John Wesley 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 77 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 Sarah Jane McDonald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1858

7. AGE: Years 77 | Months 2 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Henderson McDonald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mary Bridger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Ernest McDonald Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackwell Cem DATE 2/25 1936

19. UNDERTAKER (ADDRESS) N D Hobson Salem Mo.

20. FILED Feb 25 1936 W. E. Rudd M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1935, to Feb 22 1936, I last saw him alive on Feb 21 1936. Death is said to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Chronic nephritis	
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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Findings 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? No
If so, specify .....
(Signed) F E Dutton, M. D.
(Address) Salem, Missouri

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD