

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

Do not use this space.

MAY 27 1936

18072

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township _____

Primary Registration District No. 4470

City University City

(No. 6600, Washington)

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

Bertie McDonald

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

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William McDonald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1855

7. AGE YEARS 81 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

10. Date deceased last worked at this occupation (month and year) _____ II. Total time (years) spent in this occupation _____

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

13. NAME Enoch Kelly

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

15. MAIDEN NAME Lucinda Conover

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 15, 1936

19. UNDERTAKER Shyland Funeral Home (ADDRESS) 1167 Hamilton Ave

20. FILED April 15, 1936 Lena S. Moore Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7 - 1936 to Apr. 13 - 1936
I last saw her alive on Apr. 13 - 1936 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:
Star Pneumonia Date of onset Apr. 7

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? Yes
If so, specify _____ M. D.
(Signed) T. P. Myers
(Address) 607 N. Grand St.

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.

