

AUG 18 1936

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

Do not use this space.

791

28375

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No.

City **SI LOUISIM** (No. **3408A RUTGEM**)

File No. **7138**

Registered No.

St. Ward

2. FULL NAME

ELVINA McDONALD

(a) Residence, No. **3408A RUTGEM** St., **18** Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Col'd** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About 90				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **NONE**

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) **Hollysprings Ark**

13. NAME **Not known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

17. INFORMANT **CANNIE MANNIN**

(ADDRESS) **3408A RUTGEM STREET**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington Ark** DATE **July 14, 1936**

19. UNDERTAKER **A. V. BEALL & CO.**

(ADDRESS) **2726 Lucas Ave**

20. FILED **JUL 14 1936** **J. T. Bredeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-18**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **6-29**, 19**36**, to **7-**, 19**36**.

I last saw her alive on **7-8**, 19**36**. Death is said

to have occurred on the date stated above, at **9 A**.m.

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

Mitral Regurgitation

Date of onset

Other contributory causes of importance:

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? **No**

If so, specify.....

(Signed) **J. T. Bredeck** M. D.

(Address) **3200 A Franklin Ave**

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.

