

DEC 30 1936

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

Do not use this space.

42257

1. PLACE OF DEATH

County RandolphRegistration District No. 735

Township

Primary Registration District No. 3034City Moberly

(No. _____)

St. _____

Ward _____

File No. _____

Registered No. 249

2. FULL NAME

Harvey Johnson McDaniel

(a) Residence, No. _____

Darksville, Mo.

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. _____

7 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 - 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>
	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) Darksville, Mo.
(STATE OR COUNTRY)13. NAME Franklin McDaniel14. BIRTHPLACE (CITY OR TOWN) Moberly, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Mary Elizabeth Wright.16. BIRTHPLACE (CITY OR TOWN) Darksville, Mo.
(STATE OR COUNTRY)17. INFORMANT Mrs Dora Baker,
(ADDRESS) Huntsville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove DATE Nov 20-3619. UNDERTAKER Snow Funeral Home.
(ADDRESS) Moberly, Mo.20. FILED 11/19 1936 Virginia T. Sher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 .1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 12, 1936, to Nov. 19, 1936I last saw him alive on Nov. 19, 1936. Death is saidto have occurred on the date stated above, at 10:10 a.m.

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

PeritonitisDate of onset
11-12

Other contributory causes of importance:

Perforated Gastric ulcer
with carcinomatous trans-
formationName of operation Excision of ulcer Date of Nov 12What test confirmed diagnosis Microscopic 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) V. L. McCormick, M. D.(Address) Moberly, 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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/10/54

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]