

JAN 9 1937

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

Do not use this space.

44261

1. PLACE OF DEATH

County Dent
Township _____
City Salem (No. _____, _____ St. _____ Ward)

Registration District No. 266
Primary Registration District No. X13X

File No. _____
Registered No. 88

2. FULL NAME Jesse E. McDonald

(a) Residence, No. _____ St., _____ Ward. _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Callie Hendricks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27 1875</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>9</u>	DAYS <u>22</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) Dent Co
(STATE OR COUNTRY) Mo

FATHER 13. NAME Harvey McDonald

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

MOTHER 15. MAIDEN NAME Sarah Blackwell

16. BIRTHPLACE (CITY OR TOWN) Dent Co
(STATE OR COUNTRY) Mo

17. INFORMANT Frank McDonald
(ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel of Commerce 12/21 1936

19. UNDERTAKER Carl K. Spencer
(ADDRESS)

20. FILED 12/21 1936 W. E. Ruddle, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1935 to Dec. 19 1936

I last saw him alive on Dec. 19 1936. Death is said to have occurred on the date stated above, at 7:45 P. M.

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

Cerebral Hemorrhage Date of onset Dec. 19

Cerebral arteriosclerosis 1930

Mitral stenosis 1920

Other contributory causes of importance: tubercular hip left childhood

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? _____
If so, specify _____

(Signed) Hal K. Carter, M.D. _____
(Address) Salem, Mo.

