

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

Do not use this space.

SEP 23 1936

**1. PLACE OF DEATH**

County JACKSON Registration District No. 398  
 Township \_\_\_\_\_ Primary Registration District No. 3019  
 City INDEPENDENCE (No. INDEPENDENCE SANITARIUM St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 48783  
 Registered No. 298

**2. FULL NAME** HAROLD McDONALD

(a) Residence, No. 501 W. SOUTH SIDE BLVD. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 25, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXXX XXX XXX XXXXX  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXX XXXXX XXX XXX XX  
 10. Date deceased last worked at this occupation (month and year) XXXXXXXXXX 11. Total time (years) spent in this occupation XXXXX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDEPENDENCE MISSOURI

FATHER 13. NAME ROBERT McDONALD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDEPENDENCE MISSOURI

MOTHER 15. MAIDEN NAME HELEN V. MILTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDEPENDENCE MISSOURI

17. INFORMANT ROBERT McDONALD  
 (ADDRESS) 501 W. SOUTH SIDE BLVD. INDEPENDENCE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE AUG. 26, 1936

19. UNDERTAKER STAHL FUNERAL HOME  
 (ADDRESS) 815 W. MAPLE AVE. INDEPENDENCE, MO.

20. FILED Aug 27 1936 H. Cook  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1936, to 8-25-1936

I last saw h. \_\_\_\_\_ alive on the morn, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 P m. the morn

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

Asphyxia Neonatorum Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Persistent cephalic hematoma & Banded ring about babys neck. Delivery by Version & Extraction

Name of operation Version Date of Aug 13-36  
 What test confirmed diagnosis Ulcer 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.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Miller, M. D.  
 (Address) Independence

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

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.

FORM 1 X704

