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.

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 10455
Township — Primary Registration District No. — Registered No. 546
City St. Joseph (No. 230 Clayton St. St. Ward)

2. FULL NAME Sidney Roy Donaldson
(a) Residence, No. 230 Clayton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie Donaldson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1881

7. AGE: YEARS 55 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swift & Co.
10. Date deceased last worked at this occupation (month and year): Sept. 1936
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Missouri

FATHER
13. NAME: George Donaldson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Mattie Donaldson 230 Clayton St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE King Hill Cem. DATE May 8, 1937

19. UNDERTAKER (ADDRESS): Clark Mortuary St. Joseph, Mo.

20. FILED 5/8 1937 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to May 5, 1937
I last saw him alive on May 4, 1937 Death is said to have occurred on the date stated above, at 4:15 Pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the rectum	1934

Other contributory causes of importance: cachexia

Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) M. E. Grimes, M. D.
(Address) St. Joseph, Mo

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