

NOV 17 1937

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

Do not use this space.

37602

1. PLACE OF DEATH

County Franklin Registration District No. 295-9
Township Meramec Primary Registration District No. 4117
City Sullivan (No.) St. Ward

2. FULL NAME

Uelmae McDonald

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done (spinner, sawyer, bookkeeper, etc.)
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) Paris, Texas

MOTHER 13. NAME Uelmae McDonald

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

15. MAIDEN NAME Anna Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Texas

17. INFORMANT J. N. Carter (ADDRESS) Tulsa, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Tulsa, Okla. DATE 10/23/37

19. UNDERTAKER (ADDRESS) Edgar W. Laffoon

20. FILED 10/23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1937, to Oct. 21, 1937

I last saw her alive on Oct. 21, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Fracture Skull.
Five car accidents

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical 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?

If so, specify

(Signed) , M. D.
(Address) Sullivan, Mo

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