

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14085

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan

(b) Township _____

(c) City StrasburgRegistration District No. 35Primary Registration District No. 1001(d) Street No. MO. METHO. HOSPITAL

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred - yrs. - mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mo Methodist Hospital St. Pattonburg Mo

(Usual place of abode, if no street address, write county or city)

Pattonburg Mo

(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)

Single

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

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

Jan 29 - 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

66229

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Farmer

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)

Gentry Co Mo

FATHER

13. NAME

Isham M. McDonald

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

24

MOTHER

15. MAIDEN NAME

Rebecca Silreath

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

Mo

17. INFORMANT (ADDRESS)

Wm M. McDonald Pattonburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mo Fall Mo DATE 4/21/38

19. FUNERAL DIRECTOR (ADDRESS)

W. J. Stroman Pattonburg Mo

20. FILED

4-19-38 W. J. Stroman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 193822. I HEREBY CERTIFY, That I attended deceased from 3-25- 1938, to 4-19- 1938I last saw him alive on 4-19- 1938. Death is said to have occurred on the date stated above, at 1:40 PM.

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

Cholangitis -Date of onset 1-1-38

Other contributory causes of importance:

Probable CholelithiasisName of operation Refused Date of _____What test confirmed diagnosis? None 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) Paul Jorgensen, M. D.85 (Address) St. Joseph, Mo

STATEMENT BY LICENSED EMBALMER

I, G. S. Gromer, Licensed Embalmer No. 2857
hereby certify that the body recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed G. S. Gromer
Licensed Embalmer No. 2857

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)