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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Cullen
City 511 (No. _____)

Registration District No. 713
Primary Registration District No. 5942

File No. 3573
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Eva Donaldson

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Donaldson Frank. 13th / 1869

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Frank. 13th / 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 16

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

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) 1931

11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West

13. NAME Thaddeus Gray

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

15. MAIDEN NAME McIntyre

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

17. INFORMANT (ADDRESS) Mrs. Nellie Bradley 722. Ashburn. Council Bluffs

18. BURIAL, CREMATION, OR REMOVAL Donaldson DATE Jan. 21 1937

19. UNDERTAKER (ADDRESS) J. H. Hoge

20. FILED 1/27 1937 E. J. Hallett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1937

22. I HEREBY CERTIFY that I attended deceased from Jan. 24 1937, to Jan. 29 1937.
I last saw him alive on Jan. 28 1937. Death is said to have occurred on the date stated above, at 1:45 P. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 1/23/37

Other contributory causes of importance: old age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 1937
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) E. J. Hallett, M. D.

(Address) Wagonmills

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.

