REC'D MAY 10 1939

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

Do not use this space.

File No. 13876
Registered No. 1630

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2235 St Marys Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME James F McDonald
(a) Residence, No. 2641 Forest 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No record

7. AGE: About 77 Yrs (Years / Months / Days / If LESS than 1 day, ...hrs. or ....min.)

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Druggist
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): No record

FATHER
13. NAME: No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: ~~No record~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): St Marys Hospital 2800 Main St, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Marys DATE: 4-19-39, 19

19. UNDERTAKER (ADDRESS): Thomas E Quirk Funeral Home 4316 Troost Ave.

20. FILED: Apr 18, 1939 M. M. Browne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1939, to April 16, 1939
I last saw h. alive on April 16, 1939, 8.40 P.M. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Type VIII	
108	

Other contributory causes of importance:
Senility

Name of operation: none Date of:
What test confirmed diagnosis? X Ray 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?
(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 L Stookey, M. D.
(Address) 822 Argyle Bld Kansas City Mo

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.

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

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