

1939 JUN 24 1939

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

19916
Do not use this space.

1. PLACE OF DEATH

(a) Country *Scotland* Registration District No. *810*
(b) Township *Jefferson* Primary Registration District No. *6053*
(c) City *Memphis* (d) Street No. _____ St. _____
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Edward Donaldson
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (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) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Cearl Donaldson*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 19, 1867*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 17
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. *farmer*
9. Industry or business in which work was done, as 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) *Scotland County, Mo*

FATHER 13. NAME *Joseph Donaldson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marion County Mo*

MOTHER 15. MAIDEN NAME *J Emma Lettess*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland County Mo*

17. INFORMANT (ADDRESS) *Mrs Ed Donaldson Memphis, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Gransburg, Mo* DATE *May 2, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *H. W. McDonalds Memphis, Mo*

20. FILED *4-20*, 19 *39* *E. E. Parrish* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 30 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 12 1937* to *Apr 30 1939*
I last saw him alive on *Apr 29 1939*. Death is said to have occurred on the date stated above, at *12:30 A.M.*
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset *930*

Other contributory causes of importance:

arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *760*

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) *A. W. Cottle*, M. D.

(Address) *Memphis, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-992

Date Filed 6-9-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.