

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 173
 Township 1 Primary Registration District No. 4102
 City Prairie Hill (No. 235) St. _____ Ward _____

43063
 File No. 109/39
 Registered No. _____

2. FULL NAME

Benjamin Galat McDonald
 (a) Residence, No. Prairie Hill St. Mo 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr + 1860
 7. AGE 74 YEARS MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Carpenter & Furn
 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) 1934 Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Hill, Missouri

MOTHER 13. NAME Jamer McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hondolue, Ky

15. MAIDEN NAME Commanda Coleman

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

17. INFORMANT (ADDRESS) Mr. Bertha Conrad Prairie Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Hill DATE Oct 1939

19. UNDERTAKER (ADDRESS) Thom B. Patton Throusbille Mo

20. FILED Oct 9 1939 J.D. Meadum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1939 to Oct 7 1939
 I last saw him alive on October 2, 1939 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:

myo carditis
H. 93
 Date of onset Oct 2 1939

Other contributory causes of importance: Hypostatic lung congestion

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J.D. Meadum M. D.
 (Address) 161 Prairie Hill 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. 8

District File Number

Date Filed 1/15/40

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

43063
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 173
 (b) Township _____ Primary Registration District No. 4102 Registered No. 109/39
 (c) City Prairie Hill (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 BENJAMIN TOLBERT MCDONALD
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 10, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hr. or min.
<u>79</u>	<u>1</u>	<u>27</u>		

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. CARPENTER
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1939, to Oct 8, 1939
 I last saw the deceased on Oct 8, 1939. Death is said to have occurred on the date stated above, at 8 P. M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Sept-39
 Other contributory causes of importance: Hypostatic Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHARITON, MO

FATHER
 13. NAME JAMES MCDONALD
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
 15. MAIDEN NAME AMANDA BARNES
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) MR. FRANK MCDONALD PRAIRIE HILL MO

18. BURIAL, CREMATION, OR REMOVAL PLACE OLD PRAIRIE HILL DATE OCT 9, 1939

19. FUNERAL DIRECTOR (ADDRESS) TOM B. PATTON HUNTSVILLE MO

20. FILED Oct 9, 1939 J. D. Meadorn
 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. D. Meadorn, M. D.
 (Address) Prairie Hill 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. 2
District File Number
Date Filed 3-13-20

S-43063

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed TOM B. PATTON

Licensed Embalmer No. 3914

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.)