

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

Do not use this space.

36649

1. PLACE OF DEATH

County Henry
Towship.....
City Clinton (No.....)

Registration District No. 347
Primary Registration District No. 3018

File No.....
Registered No. 121
St..... Ward.....

2. FULL NAME

Robert Lee McDonald

(a) Residence. No. 609 21-3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 Don't know exact Day

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Monegan - Mo
(STATE OR COUNTRY) McClair

PARENTS

10. NAME OF FATHER Geo McDonald

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mc Ferrin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Don't know

14. INFORMANT Murrel McDonald
(Address) Clinton, Mo

15. Dec 10 27 FILED Dr. E. C. Peelor REGISTRAR
Wacker J.P.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-9....., 1927, to 12-9....., 1927.
that I last saw him..... alive on 12-9....., 1927, and that death occurred, on the date stated above, at..... 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor pneumonia

100 1010W (duration)..... yrs..... mos. 3 da.

CONTRIBUTORY..... (SECONDARY)..... (duration)..... yrs..... mos. da.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Edwin Walker..... M. D.
12-10, 1927 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Osceola Mo DATE OF BURIAL 12/11 1927

20. UNDERTAKER Spore Boy Clinton Mo ADDRESS.....

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.

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