

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

Do not use this space.

19242

1. PLACE OF DEATH

County HENRY Registration District No. 347
Township CLINTON Primary Registration District No. 3019
City CLINTON (No. _____) St. _____ Ward _____

File No. _____
Registered No. 46

2. FULL NAME DAISY FREEDA McDONALD

(a) Residence, No. NO. WASHINGTON St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE BLACK 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) 6-8-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSE MAID
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) ST. CHAIR CO.
(STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER SMITH McDONALD

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ST CHAIR
(STATE OR COUNTRY) MISSOURI

12. MAIDEN NAME OF MOTHER NETTIE LOONEY

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ST CHAIR
(STATE OR COUNTRY) MISSOURI

14. INFORMANT SMITH McDONALD
(Address) CLINTON, MISSOURI

15. FILED 6/16, 1930 Dr. E.C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/8/30 to 6/14/30, 1930, and that I last saw her alive on 6/9/30, 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Pulmonary Tuberculosis
255
93A (duration) yrs 6 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis
(duration) yrs 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. S. Hallingwood D.

, 19 (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 LINCOLN, Mo DATE OF BURIAL 6-16 1930

20. UNDERTAKER SIMS-WILKINSON ADDRESS CLINTON

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.

