

22 JAN 22 1929

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

Do not use this space.

39915

1. PLACE OF DEATH

County Clay Registration District No. 198
Township W. Third Primary Registration District No. 30.11
City Excelsior Springs

File No. 39915
Registered No. 128
St. _____ Ward _____

2. FULL NAME James Name McDaniel

(a) Residence No. _____ St. _____ Ward. Elmira mo
(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 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) Nov. 28-1922

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marseline
(STATE OR COUNTRY) mo

10. NAME OF FATHER James McDaniel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marseline
(STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Paula Houston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) mo

14. INFORMANT James McDaniel
(Address) Elmira mo

15. FILE NO. 224 28 y. D. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-20-1928 to 12-23-1928
that I last saw him alive on 12-23-1928, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute appendicitis
121-B
11/1/28
(duration) yrs. mos. 9 da.
CONTRIBUTORY gangrene
(SECONDARY) (duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED Elmira. mo
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Thad. G. Grace M. D.
12-26, 1928 (Address) Elmira 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 Marseline mo DATE OF BURIAL Dec 25 1928

20. UNDERTAKER E. H. ... ADDRESS Richmond 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.

