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

Do not use this space.
30243

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 3616 Bell St. St. Ward)

File No.: [illegible]
Registered No.: [illegible]

2. FULL NAME Clara King Donlevy

(a) Residence. No. 3616 Bell St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	11	19	

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

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Owen Donlevy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Clarissa King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New York

14. INFORMANT Dan R. Smith
(Address) 4947 Central St

15. FILED 10/3 1927 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1927, to Oct 1, 1927 that I last saw her alive on Oct 1, 1927, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82 A
99
(duration) yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 16 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

10/2, 1927 (Signed) David I Blanford M. D.
(Address) 1722 W 39

*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	DATE OF BURIAL
Elmwood Crematory	10-3 1927
20. UNDERTAKER	**ADDRESS**
Sliney & McCluey	924 Oak

Ashes Buried in Forest Hill Cem.

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.

Dr [illegible]
4000 Bell St,
Hy 3787

[illegible]

1722 W. 39