200

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

Do not use this space.

16259

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No.
Township: — Primary Registration District No. 1001 — Registered No. 657
City: St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME: John Donelly
(a) Residence. No. State Hosp #2 St Joe Mo Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 21 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): Unknown — about 1852

7. AGE: About 76 Years — Months: Unknown — Days: — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: Record of State Hospital No. 2
(Address) St. Joseph, Mo.

15. FILED: May 21 1928 — 19 — John G. Utz, SS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to May 19, 1928, that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion of senility
164 162
(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Senile Dementia
(duration) 4 yrs. 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) K. D. Curtis, M. D.
May 19, 1928 (Address) State Hosp #2 St Joe 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: Mt. St. Mary's (Kansas City, Mo.) — DATE OF BURIAL: May 19, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD