

5 1928

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

Do not use this space.

20280

1. PLACE OF DEATH

County Deer Registration District No. 266
Township Springer Creek Primary Registration District No. 5-370
City Lebanon (No.) St. Ward)

File No.
Registered No. 37

2. FULL NAME

John A Mc Donough
(a) Residence No. St. Ward.
(Urbal place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24-1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati Ohio
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Patrick Mc Donough

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Anna Cunningham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ireland

14. INFORMANT John Mc Donough
(Address)

15. FILED 6/23 28 A. W. Mc Hurty
REGISTER

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from June 22 1928 to June 23 1928 that I last saw him alive on June 22 1928 and that death occurred, on the date stated above, at 7 o'clock

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
92A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Don't know

() DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bedrides

(Signed) A. W. Mc Hurty M. D.

, 19 (Address) Salmon 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 DATE OF BURIAL

Cedar Grove Cemetery 6/24 1928

20. UNDERTAKER

N. D. Holron Salmon 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.

