

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.

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

Do not use this space.

22355

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. City Hospital)

File No.

Registered No. 6544

St.

Ward)

2. FULL NAME

(a) Residence. No. 4575

(Usual place of abode)

Oakland or 18 Ward.

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

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)

June 23 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

11

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

Inspector

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

Mo

PARENTS

10. NAME OF FATHER

Anthony O. Donnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

Mo

12. MAIDEN NAME OF MOTHER

Mary Gallagher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT (Address)

Margarette O. Donnell
4575 Oakland or

15.

FILED

JUN 21 1928
Man. C. Vankoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6-20 1928

17.

I HEREBY CERTIFY, That I attended deceased from

19....., to

19.....

that I last saw him..... alive on..... 19....., and that death occurred, on the date stated above, at..... 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries
Fractured Skull

CONTRIBUTORY (SECONDARY)

Hunger & Cause of same
Injury

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?

(Signed)

J. W. Corner, M.D.

6/21, 1928 (Address)

Def. Corner

*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

Calvary Cemetery

6-23-1928

20. UNDERTAKER

ADDRESS

Knighauser M. Co

4109
manchester

