AUG 2 1928 290

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

Do not use this space.

23015

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 818

City St Joseph (No. State Hospital for Insane #2 St. Ward)

2. FULL NAME Alexander Doneghy

(a) Residence. No. State Hosp #2 St., Ward. Kirksville Mo.
(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. 17 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ Husband ~~(OR) WIFE OF~~ Martha Prewitt Doneghy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1854

7. AGE: About 74 — YEARS: — MONTHS: Unk — DAYS: Unk — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lawyer
(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): Ky

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

14. INFORMANT: Clinical Records State Hosp #2
(Address): St Joseph Mo

15. FILED JUL 5 1928 — John G. Wh — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1928, to July 4, 1928 that I last saw ~~h~~ alive on July 3, 1928 and that death occurred, on the date stated above, at 3.15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis (Chronic)

34
93 38

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Syphilis
Not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 3, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R D Curtis, M.D
July 4, 1928 (Address) State Hosp #2

*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: Kirksville Mo — DATE OF BURIAL: July 6 1928

20. UNDERTAKER: Heaton Br Gale & Bowman by J.W. Kaale — ADDRESS: 319 S. 10 Funeral Home

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

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.