C 26 1928

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

85

Do not use this space.

36149

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1333
City St. Joseph, (No. 1807 Faraon St. St. Ward)

2. FULL NAME Onie A. Donavan
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. T. Donavan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May, 7, 1869

7. AGE: Years 69 — Months 6 — Days 15 — If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY): Hamburg, Iowa.

PARENTS
10. NAME OF FATHER: F. S. Argyle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Catherine Copeland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ks.

14. INFORMANT: Fred Donavan
(Address) 2229 Francis St.

15. FILED NOV 24 1928, 19 John G. Jetz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov, 22, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Nov 22, 1928 that I last saw her alive on Nov 22, 1928, and that death occurred, on the date stated above, at 11.30 P.M. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930
10 W Broncho Pneumonia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) unable to state 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? Clinical Findings
(Signed) H W Calle, M. D
11/23, 1928 (Address) 307 B S Bldg

*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. Mora Cemetery
DATE OF BURIAL: Nov, 24, 19 28

20. UNDERTAKER: N. Shuerhoffer
ADDRESS: 1302 Faraon St.

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.