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

Do not use this space. 1445

399

1. PLACE OF DEATH 1

County Jackson — Registration District No. 1002 — File No. 32

Township Kaw — Primary Registration District No. — Registered No. 32

City Kansas City Mo (No. 2013 Quinz St., Ward)

2. FULL NAME Mary Noonan Doninger

(a) Residence. No. 2013 Quinze St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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): Married

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: Edward M. Doninger

6. DATE OF BIRTH (month, day and year): May 30 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
	34	7	3	

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

9. BIRTHPLACE (city or town): Marshall
(State or country): Mo

PARENTS

10. NAME OF FATHER: James Noonan
11. BIRTHPLACE OF FATHER (city or town):
(State or country): Ky
12. MAIDEN NAME OF MOTHER: Betty Folik
13. BIRTHPLACE OF MOTHER (city or town):
(State or country): Mo

14. INFORMANT: Edward M. Doninger
(Address) 2013 Quinz

15. FILED 1/4 1929 M. M. Crane, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (month, day and year): Jan 3 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1928, to Jan. 3, 1929, that I last saw her alive on Jan 3, 1929, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
109A
93A
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Acute Myocarditis
100
(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
0

Did an operation precede death? No. Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) John R Lewis, M. D.
Dec. 4, 1929 (Address) 3546 Indiana

*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: Mount Hill Cem — DATE OF BURIAL: Jan 7 1929

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

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.

18 10 9 235 1 2 1