

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.

1779

1. PLACE OF DEATH

County *Jackson*  
Township *Kearney*  
City *Kansas City*

Registration District No.

399

Primary Registration District No.

1002

File No.

Registered No.

371

St.

Ward

2. FULL NAME

(a) Residence. No. *3038 Harrison*

St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *41* yrs.

mos.

da.

How long in U.S., if of foreign birth?

ys.

mos.

da.

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

*Carl F. Halusa*

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

*October 12 = 1887*

7. AGE

YEARS

*41*

MONTHS

*3*

DAYS

*11 1/2*

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

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)

(STATE OR COUNTRY)

*Kansas City Missouri*

10. NAME OF FATHER

*Jerome Donnelly*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Wisconsin*

12. MAIDEN NAME OF MOTHER

*Ellen Blessary*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Irish*

14.

INFORMANT

(Address)

*Carl F. Halusa  
3038 Harrison Kansas City, Mo*

15.

FILED

*1-25-29 M. M. Curren  
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

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

*January 24 1929*

17.

I HEREBY CERTIFY That I attended deceased from *1-23-29* to *1-24-29* that I last saw *her* alive on *1-23-29* and that death occurred, on the date stated above, at *1-24-29*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Coronary thrombosis  
82A 1/4 day  
CONTRIBUTORY (SECONDARY)  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

*W. M. Curren, M.D.  
1-25-29 (Address) 1/4 Myrtle*

\*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

*St Marys Cemetery*

*1-26 1929*

20. UNDERTAKER

*John J. Sheehan*

ADDRESS

*R. E. Mr.*

814 Angyle Bldg  
Vict: 9878