JUN 27 1928 11935-1

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

Do not use this space.

11935-1

1. PLACE OF DEATH

County: Gilles — Registration District No.: 721

Township: Linwood — Primary Registration District No.: 5957

City: ..... (No. ..... St. ..... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME Julia Ann O'Donnell

(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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26-1860

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	68	0	7	

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): Housework
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fayette Co
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER James O'Donnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Morgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT John O'Donnell
(Address) Unionville Mo

15. FILED 6-9, 1929 Hayes Barnett, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to March 3, 1929, that I last saw her alive on March 3, 1929, and that death occurred, on the date stated above, at 2:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia (Lobar)

ICD 1080

(duration) ..... yrs. 2 1/2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ..... yrs. ..... mos. 10 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? G H Dahman

(Signed) ....., M. D

3/4, 1929 (Address) Unionville Mo.

*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: Unionville Mo — DATE OF BURIAL: 3/5 1929

20. UNDERTAKER: Comstock Funeral — ADDRESS: Unionville

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.