

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

Do not use this space.

31561

1. PLACE OF DEATH

County Pettus Registration District No. 668
Township Adalia Primary Registration District No. 3032
City Adalia (No. 1) Perry Hotel

File No. _____
Registered No. 272 St. _____ Ward)

2. FULL NAME

(a) Residence No. Perry Hotel St. _____ Ward. St Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kenerix O. Donnell

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Miss (Address) Adalia Mo

15. FILED 24117 19.29 J.M.C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1929, to Sept 17th, 1929 that I last saw him alive on Sept 16th, 1929 and that death occurred, on the date stated above, at 8:15a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute alcoholism
9.30
7.5B (duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chr myocarditis (duration) ? 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) Just B. Carlisle, M. D.

9/17, 1929 (Address) Adalia 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 St Louis Mo DATE OF BURIAL Sept 16 1929

20. UNDERTAKER W. Laughlin ADDRESS Adalia

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.

24 1929
858

1929

24

For further information write to
Mrs Kenning O'Donnell 4222 - Washington
St Louis Mo