

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

Do not use this space.

8591

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kanaw

Primary Registration District No. 399

City Kansas City, Mo

(No. 5921 Rockhill Rd)

File No. _____

Registered No. 959

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5921 Rockhill Rd Ward 8

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Dorothy E Donnelly

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

March 12 - 1877

7. AGE

52

YEARS

11

MONTHS

20

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Consulting Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) City Plan Commission

(c) Name of employer Kansas City, Mo

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City, Mo

10. NAME OF FATHER

John Donnelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Rose Walsh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

(Address) Mrs. Dorothy E Donnelly 5921 Rockhill Rd

15. FILED

3/3, 1930 M. M. Crows REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 2 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1928, to March 2, 1930 that I last saw him alive on March 5, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY) Progressive Multiple Sclerosis (duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ **DATE OF** _____

WHAT TEST CONFIRMED DIAGNOSIS? usual Lab

(Signed) P. M. M. Crows M. D.

3/3, 1930 (Address) 308 Bryant Bl

*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. Mary's Cemetery **DATE OF BURIAL** March 6 1930

20. UNDERTAKER John W. Wagner 1409 Grand Ave **ADDRESS**

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.

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