

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

Do not use this space.

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JAN 1 1931

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001 File No. 1337
 Township St. Joseph Primary Registration District No. Missouri Methodist Hospital Registered No. 1337
 City St. Joseph (No. Missouri Methodist Hospital) St. Ward

2. FULL NAME Eugene Lee Donelson
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 3 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 Harley Donelson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
70 4 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Center, Missouri

PARENTS
 10. NAME OF FATHER Reuben Donelson, Huntington Co
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania
 12. MAIDEN NAME OF MOTHER Margaret A. Hall
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Coffey-run, Pennsylvania

14. INFORMANT Mrs. E. L. Donelson
 (Address) Hatfield, Missouri

15. FILED 16 1930 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 16, 1930, that I last saw him alive on Dec 16, 1930, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary infarct
Valvular heart disease (duration) 5 yrs. 5 mos. 5 ds.
 CONTRIBUTORY (SECONDARY) Valvular heart disease (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Hatfield Mo
 (IF NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? not DATE OF
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) H. L. Ferguson M. D.
12/17, 1930 (Address) 570 Francis St

*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 Washington Center, Mo. DATE OF BURIAL Dec. 18, 1930
Via a. l. c.

20. UNDERTAKER Newton B. Gale & Bowman ADDRESS 314 S. 10 St.
Funeral Home

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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