

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

Do not use this space.

5862

1. PLACE OF DEATH  
 County Jackson Registration District No. 33  
 Township Kaw Primary Registration District No. 1  
 City Kansas City (No. St. Joseph Hospital) St.          Ward         

File No.           
 Registered No. 956

2. FULL NAME DONNELLY, Joseph B.  
 (a) Residence Larimer, Pennsylvania 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1906  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 6 2nd  
 8. OCCUPATION OF DECEASED-  
 (a) Trade, profession, or particular kind of work Lumberman  
 (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) Penn.

10. NAME OF FATHER Michael Donnelly  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)          (STATE OR COUNTRY) Penn.  
 12. MAIDEN NAME OF MOTHER Bridgett Graham  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)          (STATE OR COUNTRY) Penn.

14. INFORMANT Francis P. Donnelly (Bro) (Address) Pitcairn, Penn.

15. FILED 9/27/31 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1931 to          1931  
 that I last saw him alive on          1931, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Stroke following operation for appendicitis  
 (duration)          yrs. mos. ds.

CONTRIBUTORY (SECONDARY)          (duration)          yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED           
 IF NOT AT PLACE OF DEATH St. Joe Hosp

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 25-31  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Medical  
 (Signed)         , M. D.  
21 1931 (Address) 336 47

\*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 Pittsburg, Penna. DATE OF BURIAL 3/1/31

20. UNDERTAKER Mellody McGilley Fu. Home ADDRESS K.C. Mo.

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.

THIS IS A PERMANENT RECORD

about 1940  
at

the state

W.B.—R.  
CALIF.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township K. City  
City K. City (No. ....)

Registration District No. 399  
Primary Registration District No. 1003

File No. ....  
Registered No. 956  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7/27 1931 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1931

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the day stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance

*Established following operation for appendectomy*  
*infected appendix*  
Date of onset

Name of operation 121 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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