WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.
4720

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002 — File No.: [illegible]
City: K. C. (No. 3423 S. Mark St. Ward) — Registered No.: [illegible]

2. FULL NAME: James McDonnell
(a) Residence, No. Fontana, Kan. 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: 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: Sarah McDonnell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29, 1845
7. AGE — YEARS: 86 — MONTHS: 6 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
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): Scotland
FATHER
13. NAME: John McDonnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland
MOTHER
15. MAIDEN NAME: Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know
17. INFORMANT: Mrs. Theo. Fickner
(ADDRESS): 3423 S. Mark
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fontana, Kan. DATE: Feb 14, 1932
19. UNDERTAKER: C. H. Blackman & Son
(ADDRESS): K. C., Mo.
20. FILED: 2/12, 1932 M. M. Donovan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 12, 1932
22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1932, to 2/12, 1932
I last saw him alive on 2/12, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2/11/32
Other contributory causes of importance:	
Cerebral Hemorrhage	

Name of operation: (1) 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) D. R. Russell, M. D.
(Address) 3231 E. 11th St.