

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

Do not use this space.

6200

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
 Township..... Primary Registration District No. ....  
 City St. Louis mo (No. ....) St. .... Ward) (No. ....)

**2. FULL NAME**

Robert Donnan  
 (a) Residence, No. 3416 Franklin St. 21 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug - 7 - 1880

7. AGE YEARS 43 MONTHS 5 DAYS 28 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. Labor 237

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) Genoa 2

FATHER 13. NAME Sam Donnan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 21

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT R. B. Donnan (ADDRESS) 3416 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE Feb 6 1932

19. UNDERTAKER Donnan English (ADDRESS) 23311 Gussard St

20. FILED FEB - 6 1932 Miss V. Starks Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1932 to Feb 5, 1932  
 I last saw him alive on Feb 3, 1932 Death is said to have occurred on the date stated above, at 3:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

20 Tubercular Peritonitis  
25 time  
 Other contributory causes of importance:  
①

Date of onset Oct 1931

Name of operation None Date of ✓  
 What test confirmed diagnosis? symptoms Was there an autopsy? no

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) W. S. Campbell, M. D.  
 (Address) 4 S. Campbell

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.

