

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

Do not use this space.

16235

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Marys' Hospital) St. 2028 Ward

2. FULL NAME Andrew Jackson Donnell

(a) Residence, No. 3015 Cypress 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ida Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26 1851</u>		
7. AGE <u>81</u>	YEARS <u>1</u>	MONTHS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired (Iron</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Molder)</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>James Donnell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>		
15. MAIDEN NAME <u>Margaret Gadare</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
17. INFORMANT <u>Mrs Ida Donnell</u> (ADDRESS) <u>3015 Cypress</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington Cem</u> <u>5/21/32</u>		
19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>May 20 1932</u> <u>M. M. Crowe</u> <u>Asst Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1932

22. I HEREBY CERTIFY that I attended deceased from May 15, 1932, to May 18, 1932.
I last saw him alive on May 18, 1932. Death is said to have occurred on the date stated above, at 12.10 P. M.
The principal cause of death and related causes of importance were as follows:
Acute intestinal obstruction from adhesion of terminal ileum. Gangrenous ileum.
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Other contributory causes of importance:
Tuberculous meningitis
Senility

Name of operation Nephrotomy Date of 5/11/32
What test confirmed diagnosis? operation 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) Ch. Bennett, M. D.
(Address) 4202 East 74th

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.

