

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

Do not use this space.

29718

1. PLACE OF DEATH

57 County Linn Registration District No. 490
Township Waverley Primary Registration District No. 5659
City Waverley (No.) St. Ward)

2. FULL NAME

Mary Donnelley O'Haulon
(a) Residence, No. St. Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Michael O'Haulon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	0	9	

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

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) all spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osbandy, Mo.

13. NAME James Donnelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osbandy, Mo.

15. MAIDEN NAME Anna Statters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osbandy, Mo.

17. INFORMANT (ADDRESS) Ed O'Haulon, Siles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millwood DATE Oct. 3, 1932

19. UNDERTAKER (ADDRESS) William Leonard, Siles, Mo.

20. FILED 07 14, 19 32 J. D. Motley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932 to Sept. 30, 1932
I last saw him alive on Sept 30, 1932. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza
113 / 118 None
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no. 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? yes
If so, specify O. H. Wagner, M. D.
(Address) Siles, Mo.

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.

NOV 25 1932

