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.

APR 28 1933

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

Do not use this space.

10944

1. PLACE OF DEATH
County St. Louis — Registration District No. 289 — File No.
Township Central — Primary Registration District No. 6033-B — Registered No. 90
City Pine Lawn, Mo. (No. 3718 Jennings Road St. Ward)

2. FULL NAME William T. Donovan
(a) Residence, No. 2204 Kienlen Ave. 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: Clara E. Donovan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6, 1857

7. AGE: Years 75 — Months 11 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rail Road supplies 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Business 131
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): Missouri

FATHER
13. NAME: Dennis Donovan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Ellen Milener
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Clara E. Donovan, 2204 Kienlen Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: Mar. 29, 1933

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 125 Hodiamont Ave

20. FILED: 3/28/1933 Rolla Bracy M.D. Registrar.

8 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1927, to March 27, 1933
I last saw him alive on March 27, 1933. Death is said to have occurred on the date stated above, at 12 45 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. Endocarditis, Chr. Myocarditis, Chr. Int. Nephritis, Chr. Diabetes Mellitis, Chr. Arteriosclerosis - Chr. hypertension 59

Other contributory causes of importance:
Cerebral apoplexy. Rt 3rd convolution of cerebrum. Paralysis involving left side completely

Name of operation: None — 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? No
If so, specify
(Signed) Luke E. Turnon, M. D.
(Address) 3718 Jennings Rd.