

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

Do not use this space.

36694

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4129 Woodland)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4617 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 4129 Woodland 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1862</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>6</u>	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	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) <u>Wisconsin</u>				
FATHER	13. NAME <u>Morris Donahue</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Coughlin</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>			
17. INFORMANT (ADDRESS) <u>William J. Seigel 4129 Woodland</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul, Kansas</u> DATE <u>Nov 25, 1933</u>				
19. UNDERTAKER (ADDRESS) <u>John J. Sheehan Kansas City, Missouri</u>				
20. FILED <u>11-24-33</u> <u>M. M. Crowe</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Nov 23, 1933

I last saw her alive on Nov, 1933 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic
87 B
93 C
102 93 C

Date of onset _____

Other contributory causes of importance:
Hypertension and
arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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? no
If so, specify _____
(Signed) Frank Males M. D.
(Address) 2736 Argyle St. No. 2

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.

5-15129

