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.

MAY 25 1934

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

Do not use this space.

12836

File No. 1583

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 377

Township: Kaw — Primary Registration District No.: 1

City: Kansas City (No. 101; East 34 street St.; Ward)

2. FULL NAME: Donovan - Minnie H

(a) Residence, No. 101 East 34 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: Female

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 3 - 1853

7. AGE: Years 80; Months 6; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Dorchester Mass

FATHER

13. NAME: Cornelius Foote

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): William J. Donovan 101 East 34th street

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt St Mary DATE: April 9, 1934

19. UNDERTAKER (ADDRESS): John J. Shelton City

20. FILED: 4-7, 1934 — M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14th 1934, to April 6th 1934, I last saw her alive on April 6th 1934. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Chronic Articular Rheumatism	
Arteriosclerosis	several years
Cerebral Hemorrhage	July 29th

Other contributory causes of importance:

Chronic Rheumatism	Articular years
Arteriosclerosis	several years

Name of operation: None Date of:

What test confirmed diagnosis? Nurse Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury: None, 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) Geo F Haynes, M. D.

(Address) 900 Rialto Bldg

Dr Leo H. Daniel Radio Bdg
Ma 5172