

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

Do not use this space.

35990

NOV 13 1934

1. PLACE OF DEATH
 County Jackson Registration District No. 800
 Township Kaw Primary Registration District No. 8002
 City Kansas City (No. St. Marys' Hospital) St. 15th Ward

2. FULL NAME James Waldo Donohue
 (a) Residence, No. 107 Ward Parkway 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Mrs. Maymie Donohue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
43	4	28	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Match Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this 16 yrs occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
 13. NAME James Donohue
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
 15. MAIDEN NAME Ella Martin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mrs. Maymie Donohue (ADDRESS) 107 Ward Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE 10/1/34

19. UNDERTAKER Juirk & Tobin Co. (ADDRESS) 20 West Linwood

20. FILED Oct 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Oct 6 1934
 I last saw him alive on Oct 6 1934. Death is said to have occurred on the date stated above, at 9:25 a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Disease Date of onset Aug 10 1934
Extremes heat during summer 7, 1934
 Other contributory causes of importance:
Physical Name of operation _____ Date of _____
 What test confirmed diagnosis _____ 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) O. L. Green, M. D.
 (Address) 103 1/2

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.

