

APR 1 7 1935

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

Do not use this space.

8730

1. PLACE OF DEATH

County Gasconade
Township Clay
City Gasconade (No. 302)

Registration District No. 302
Primary Registration District No. 6231

File No. 8730
Registered No. 8730
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Marylin Joan Donnell St. Mo. Ward 1

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/22/35

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) 3/22/35 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland Mo.

13. NAME James Donnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Aster Lacy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bird Mo.

17. INFORMANT James Donnell (ADDRESS) Bland Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Co. DATE 3/28 1935

19. UNDERTAKER Mrs. Bassman (ADDRESS) Bland Mo.

20. FILED 3/27 1935 C. A. Bunge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 19 35

22. I HEREBY CERTIFY, That I attended deceased from 3/26 19 35, to 3/26 19 35

I last saw her alive on 3/26 19 35 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Failure of
Foramen Ovale
to Close, asphyxia
Other contributory causes of importance: 157c

Name of operation 157c Date of 3/26

What test confirmed diagnosis? 157c Was there an autopsy? 157c

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 157c Date of injury 3/26 19 35

Where did injury occur? 157c (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 157c Nature of injury 157c

24. Was disease or injury in any way related to occupation of deceased? 157c

If so, specify 157c (Signed) C. A. Bunge, M. D.

(Address) Bland Mo.

