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.

SEP 25 1935

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

Do not use this space.

26506

1. PLACE OF DEATH
County JACKSON. Registration District No. 399
Township KAW. Primary Registration District No. 1002
City K.C. (No. MENORAH HOSP. St. Ward)

File No.
Registered No.

2. FULL NAME M. FRANCIS O'DONNELL.
(a) Residence, No. LIBERTY MO. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF TERESA O'DONNELL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 16-1904
7. AGE YEARS 31 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. EMPLOYEE
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) WILLIAMSBURG IOWA.

FATHER
13. NAME HUGH O'DONNELL.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN.

MOTHER
15. MAIDEN NAME FRANCES CLAIR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) TERESA O'DONNELL LIBERTY MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE WILLIAMSBURG IOWA DATE AUG 18 35
19. UNDERTAKER (ADDRESS) DW NEWCOMERS SONS K C MO.
20. FILED 8/18 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 18 1935
22. I HEREBY CERTIFY, That I attended deceased from August 10, 1935, to Aug 18, 1935
I last saw him alive on August 17, 1935. 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
Acute Gangrenous Appendicitis	8-9-35
121a	
Other contributory causes of importance:	
Peritonitis	8-10-35

Name of operation Appendectomy Date of 8-10-35
What test confirmed diagnosis? Op. Findings 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) Harry C. Lapp, M. D.
(Address) 1314 Professional Bldg

36 W 69
H1-7788