OCT 2 2 1935

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

Do not use this space.

29591

1. PLACE OF DEATH

County Jackson — Registration District No. 395 — File No.

Township Kew — Primary Registration District No. 12 — Registered No. 3205

City K.C.MO. (No. Theatley Prov. Hosp St. Ward)

2. FULL NAME Lorraine Donahue

(a) Residence, No. 5619 E 35th St 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	13	0	27	

OCCUPATION

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

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) K.C.MO.

FATHER

13. NAME Oscar Donahue

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

MOTHER

15. MAIDEN NAME Lenore Parker

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

17. INFORMANT (ADDRESS) Mrs Lenore Donahue 5619 E. 35th St Terr

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lan DATE 9-21 1935

19. UNDERTAKER (ADDRESS) H.B. Moore 1820 E. 18th St

20. FILED Sept 17 1935 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1935 to 9-15-35, 19

I last saw her alive on 9-15-35, 19 Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Haemorrhage — Date of onset: unknown

Other contributory causes of importance:

Colitis; Type undetermined

Name of operation No Date of No

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? No Date of injury None

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?

If so, specify

(Signed) [signature], M. D.

(Address) 1530 E 18th St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.