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.

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

Do not use this space.

36326

DEC 26 1935

1. PLACE OF DEATH

County JACKSON — Registration District No. ..... — File No. 4554

Township KAW — Primary Registration District No. ..... — Registered No. .....

City KANSAS CITY (No. ST. LUKE'S HOSPITAL St. ..... Ward)

2. FULL NAME HARRY V DONNELLY

(a) Residence, No. 414-WEST-67TH ST. TERR. 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: 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. BILLIE DONNELLY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-1-1887

7. AGE: YEARS 48 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DONNELLY GARMENT CO.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS COUNTY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME EDWARD DONNELLY

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

MOTHER

15. MAIDEN NAME MARY CONNORS

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. BILLIE DONNELLY (ADDRESS) 414-WEST-67TH ST. TERRACE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE DECEMBER-2, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 11-30 1935 M. M. Crow, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov-24, 1935, to Nov. 29, 1935

I last saw him alive on Nov. 28, 1935. Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Bilateral Collapse of Lungs.	11/29/35
Other contributory causes of importance: Ruptured Appendix	11/25/35

Name of operation Appendectomy Date of 11/25/35

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) H. P. Boughnore, M. D.

(Address) 1022 Prof. Bldg. K.C. Mo.

1032 Professional Bldg.
2-2:30