MAR 28 1936

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

Do not use this space.

1. PLACE OF DEATH
County St Charles — Registration District No. 756 — File No. 12127
Township — Primary Registration District No. 4454 — Registered No.
City Portage de Sioux (No. , St. Ward)

2. FULL NAME Dr. William P Donovan
(a) Residence, No. 4954 Northland Av St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) St Louis Mo
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: Anne Donovan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24th 1896

7. AGE: YEARS 39 — MONTHS 8 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
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): Wisconsin

FATHER
13. NAME: Andrew Donovan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Catherine McDermott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Anne Donovan, 4954 Northland Av

18. BURIAL, CREMATION, OR REMOVAL: St Louis Mo
PLACE: Calvary DATE: Mch 17 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly, 3840 Lindell Ave St Louis Mo

20. FILED March 21 1936 C A Barnard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 15, 1936

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest, to Mar 16, 1936
~~I last saw him alive on~~ , 19 Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental traumatism to the head arms & legs and trunk of the entire body incurred in an airplane crash near	Mar 15 1936

Other contributory causes of importance: Portage des Sioux Mo

Name of operation: None — Date of —
What test confirmed diagnosis? Inquest — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury Mar 15, 1936
Where did injury occur? Near Portage des Sioux Mo St Charles Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury: Fall of airplane
Nature of injury: Traumatism to body

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: Incline of duty
(Signed) Will L Freeman, M. D.
(Address) St Charles Mo

Coroner of St Charles Co Mo

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.

b)