

MAY 18 1936

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

Do not use this space.

14158

1. PLACE OF DEATH

County Buchanan

Registration District No. 85
1001

File No.

Township

Primary Registration District No.

Registered No. 556

City St. Joseph

(No. St. Joseph's Hospital)

St. Ward

2. FULL NAME James Lester Donly

(a) Residence, No. 2901 Sherman Ave. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zelletta S. Donly

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1936, to Apr 12, 1936

I last saw him alive on Apr 11, 1936. Death is said to have occurred on the date stated above, at 1:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1854

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 17

Date of onset

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

Arterio-scl. gen.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

Other contributory causes of importance: Sanguine & mill. etc. Hypertension?

10. Date deceased last worked at this occupation month and year March 1, 1936
11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (CITY OR TOWN) STATE OR COUNTRY Laporte Indiana

13. NAME Charles Donly

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

Name of operation: appt. for the? Date of Apr 11/36

What test confirmed diagnosis? Was there an autopsy? No

15. MAIDEN NAME Unknown

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

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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT James C. Donly
(ADDRESS) 2901 Sherman Ave. St. Joseph, Mo.

Manner of injury. Nature of injury.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery
PLACE St. Joseph, Mo. DATE April 14, 1936

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St. St. Joseph, Mo.

If so, specify (Signed) Frank E. Sidenfaden, M. D.

20. FILED 475 19 36 John R. Brander Registrar

(Address) The Palmetto Bldg.

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.

