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.

AUG 18 1936

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

Do not use this space. 29050

1. PLACE OF DEATH
County: De Paul Hos
Township:
City: (No. De Paul Hospital St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 7823
Registered No.

2. FULL NAME Julia C. Donnelly
(a) Residence, No. 4527 LaBadie St., 10 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: F
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: John F. Donnelly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APR. 1. 1876
7. AGE: 60 YEARS, MONTHS: 3, DAYS: 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hse WK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lwf
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): St. Louis Mo

FATHER
13. NAME: Frederick Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

17. INFORMANT (ADDRESS): Margaret Donnelly 4527 LaBadie
18. BURIAL, CREMATION, OR REMOVAL: East St. Louis
PLACE: Mt. Carmel DATE: 7/24/36, 19
19. UNDERTAKER (ADDRESS): Sullivan Und Co 6849 No Euclid
20. FILED: JUL 23 1936, 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/21, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 21st, 1936
I last saw her alive on July 21st, 1936. Death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7/35

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical feeding 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) Thomas Lawton, M. D.
(Address) 2743 N Grand