

JAN 19 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Katherine Donovan

(a) Residence, No. 5113 Troost 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City, Mo.

13. NAME James P. Donovan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

15. MAIDEN NAME Catherine Stack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT Father James Donovan
(ADDRESS) 5113 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE Dec. 4, 1936

19. UNDERTAKER Melody McGilley
(ADDRESS) Kansas City, Mo.

20. FILED 12-5-36 M. M. Cornelius
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1936, to 12/2, 1936

I last saw her alive on 12/2, 1936 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Prematurity
Bronchopneumonia

Date of onset

Other contributory causes of importance:
Unicorneate uterus
Congenital absence of left kidney

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) T. R. Hamilton, M. D.

(Address) St. Joseph Hospital
(performed autopsy)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGES should be stated EXACTLY. PHYSICIANS should state

