SEP 21 1937

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

Do not use this space.

29799

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Marys Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. [illegible]
Registered No.

2. FULL NAME Ellen Agnes Donnelly
(a) Residence, No. 923 West 33rd St. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jerome Donnelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1854

7. AGE: 82 Years 82 Months 7 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Ireland

FATHER
13. NAME: Patrick Clohessy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Margaret Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Eugene P Donnelly, 923 West 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 8/17/37 19

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co., 20 W Linwood

20. FILED Aug 18 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1937, to Aug 15, 1937
I last saw her alive on Aug 14, 1937 Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:
Banti's Disease (Splenomegaly) — Date of onset
(124B)

Other contributory causes of importance: Cirrhosis of Liver (Portal) Ruptured esophageal varices with gastro-intestinal hemorrhage

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) [illegible], M. D.
(Address) 800 Argyle Bldg.

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.

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