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 — File No. 1589
Township Kaw — Primary Registration District No. 1002 — Registered No. 277
City Kansas City (No. 2130 Holly St. Ward)

2. FULL NAME Frank J. O'DONNELL 354
(a) Residence, No. 2130 Holly. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Anna O'Donnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1857

7. AGE: YEARS 80 — MONTHS 3 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

FATHER
13. NAME James O'Donnell 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Margaret Joyce. 3035 Paseo Bldg.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 1-18 1938

19. UNDERTAKER (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED Jan 18 1938 M. M. Lenow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938 to Jan 15, 1938
I last saw him alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset

93C

Other contributory causes of importance: Chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) D M Nigro M. D.
(Address) 512 Apple 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.

RECEIVED

FEB 1[illegible] 1938

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