

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

Do not use this space.

6163

REC'D MAR 14 1938

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph

Registration District No. 85

Primary Registration District No. 1001

(No. 1323 Ridenbaugh)

File No.

Registered No. 239

St. _____ Ward _____

2. FULL NAME William H. Donegan

(a) Residence, No. 1323 Ridenbaugh St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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

Marv Donegan

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

July 31 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

6

21

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

Steam Fitter

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

Plumbing

10. Date deceased last worked at this occupation (month and year)

Sept 15 37

11. Total time (years) spent in this occupation

Life

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

Ireland

FATHER

13. NAME

John Donegan

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

Ireland

MOTHER

15. MAIDEN NAME

Marv Loftus

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

Ireland

17. INFORMANT (ADDRESS)

Helen Donegan

18. BURIAL, CREMATION, OR REMOVAL

Interred DATE 2-25-38

19. UNDERTAKER (ADDRESS)

Barry - 94 1/2 6 18

20. FILED

2-24-38

H. J. Wetzel
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 21 1938

I last saw him alive on Feb. 21 1938 Death is said to have occurred on the date stated above, at 8 a.m.

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

Carcinoma of Larynx

Date of onset 1937

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) J. J. Christian M. D.

(Address) 311 Kirtland Ave. Bldg.

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.

