REC'D NOV 18 1938

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

Do not use this space.

35542

1. PLACE OF DEATH
County: Dekalb
Township: Camden
City: Maysville (No. ..... St. ..... Ward)
Registration District No. 259
Primary Registration District No. 41.58
File No.
Registered No.

2. FULL NAME: William Edw. Donovan
(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Irene Donovan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9-1872

7. AGE: 65 YEARS ~~15 Yr~~ MONTHS ~~[illegible]~~ DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Cameron Mo. 0

FATHER
13. NAME: John Donovan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Katherine Wehele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Martin Donovan Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Easton Cem DATE: Oct 5 1938

19. UNDERTAKER (ADDRESS): W. T. Pilcher Maysville Mo

20. FILED 10-5 1938 Ethel H Boner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1938, to 10/2, 1938
I last saw him alive on 10/2, 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10/1/38
Left hemophlegia	
2 8	

Other contributory causes of importance:

Chronic valvular cardiac disease.	1918
Chronic nephritis	

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) [signature], M. D.
234 (Address) Maysville, Mo.

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.

U. G. Pilcher Undertaking. License No. 3961

Embalmed by C. T. Pilcher, License No. 3960

C. T. Pilcher 3960.