

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

32771
 Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
 (b) Township Lubau Primary Registration District No. 4267
 (c) City Lubau (d) Street No. Wallace Memorial Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

540 Maggie Donnelly
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phil Donnelly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1859
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 2 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Missouri
 FATHER 13. NAME Stephen Halloran
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Hanorah Sullivan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT (ADDRESS) Phil Donnelly
Lubau Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lubau DATE 9/29/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.E. Holman
Lubau Mo
 20. FILED 10-4-39 J A M - Camb
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27/39
 22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1939, to 9-27, 1939
 I last saw h. alive on 9-25, 1939. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia
 Date of onset 13/10
 Other contributory causes of importance? Ch. Nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) J A M - Camb, M. D.
454 (Address)

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.

RECEIVED

District Health Officer No. 7;

District File Number 7-29-288

Date Filed 10-9-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed W.E. Salzman

Licensed Embalmer No. 4107

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.