

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.

OCT 28 1930

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

Do not use this space.

29507

1. PLACE OF DEATH

County Dekalb  
 Township Washington  
 City Clarksdale (No. \_\_\_\_\_)

Registration District No. 258  
 Primary Registration District No. 5360A

File No. \_\_\_\_\_  
 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas J. Donoho

(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 Fannie Donoho Fanny Donoho

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Platt County Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Thomas J. Donoho

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha McCarty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs Anna Donoho  
 (Address) Clarksdale, Mo.

15. FILED 9/18, 1930 C. M. Davis  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/17/30 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/12/30 1930  
 to 9/16/30 1930  
 that I last saw him alive on 9/16/30, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoria

92 P.  
97

(duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTOR (SECONDARY) Arteriosclerosis

(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
C. L. Perkins  
 (Signed) \_\_\_\_\_ M. D.

9/20, 1930 (Address) Clarksdale Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale Cemetery DATE OF BURIAL 9/20 1930

20. UNDERTAKER C. M. Davis - Clarksdale Mo. ADDRESS \_\_\_\_\_

