

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

PLACE OF DEATH

County Jackson

Township Kaw

or

Village _____

or

City Kansas City

Registration District No. 399

File No. 19577

Primary Registration District No. 1002

Registered No. 1979

(NO. 3428 Central Ave., St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Leo C. Donnell

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH April 11, 1859
(Month) (Day) (Year)

AGE 55 yrs. 2 mos. 17 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) American Tobacco Co. 59
Traveling salesman

BIRTHPLACE (City or town, State or foreign country) Ill.

PARENTS NAME OF FATHER Mack Donnell

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Catherine Cannon

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Agnes J. Donnell
(ADDRESS) 3428 Central Ave

Filed JUN 29 1914 1914 W. S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 28, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 1, 1914, to June 28, 1914, that I last saw him alive on 28 days, 1914, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:
Diabetic Mellitus

Contributory (SECONDARY) 50
(Duration) 2 yrs. 0 mos. 0 ds.

(Signed) Blking M. D.
6-29 1914 (Address) June 29 - 1914

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. 6 mos. 0 ds. In the 49 yrs. 0 mos. 0 ds.
Where was disease contracted If not at place of death? Residence
Former or usual residence 3428 Central St.

PLACE OF BURIAL OR REMOVAL Mount St. Mary's DATE OF BURIAL June 30, 1914
UNDERTAKER W. S. Wheeler's Sons ADDRESS 2111 E. 9 St.

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.

929
Right
Ref.

