MAR 19 1928

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

Do not use this space.

5291

1. PLACE OF DEATH

County Jackson — Registration District No. 400 — File No.

Township Prairie — Primary Registration District No. 5553 B — Registered No. 25

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Eugene Donehew

(a) Residence. No. Jackson Co. Home Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 5 mos. 10 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1862

7. AGE: About 66 YEARS; MONTHS 2; DAYS —; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railroad Man
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N. Y.

PARENTS
10. NAME OF FATHER John Donehew
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Anne Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT J. W. Hostetter
(Address) Supt. Jackson Co. Home

15. FILED 2-23-1928 F. M. Schick, Little Blue, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19th, 1928, to Feb. 23, 1928, that I last saw him alive on Feb. 20, 1928, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrosis of Liver 1243

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 1 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. M. Schroeder, M. D.
, 19 (Address) Independence 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: Kirksville Osteop. College — DATE OF BURIAL: 2-24-1928

20. UNDERTAKER: Mo State Anatomical Board — ADDRESS: F. V. Hill Sec'y

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD