

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

Do not use this space.

25642

**1. PLACE OF DEATH**

County Sullivan  
Township Bonjour  
City Humphreys (No. ....)

Registration District No. 851  
Primary Registration District No. 4577

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Julietta Courtney 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 Female 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) Oct. 9 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>37</u>	<u>9</u>	<u>19</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Telephone Operator  
(b) General nature of industry, business, or establishment in which employed (or employer) -  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Humphreys Mo

10. NAME OF FATHER J. Milford Donoho

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

12. MAIDEN NAME OF MOTHER Ellis Belle Bruce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lindley Mo

14. INFORMANT Mrs. Chlo. Black (Address) Humphreys Mo.

15. FILED 7-29-30 J. S. Street REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to July 28, 1930 that I last saw her alive on July 16, 1930, and that death occurred, on the date stated above at 4:00 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myelogenous Leukemia

72A  
693 (duration) 2 yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED 650 W

IF NOT AT PLACE OF DEATH was

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) E. C. Weston, M. D.

7-28-1930 (Address) Galt 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 DATE OF BURIAL

Lindley Cem. July 29 1930

20. UNDERTAKER R. Bayne & Son. ADDRESS Galt Mo

