

OCC 20 1930

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

Do not use this space.
35374

1. PLACE OF DEATH

County Beverly
Township
City St. Joseph, Mo. (No. State Hospital No. 2)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1191
St. _____ Ward _____

2. FULL NAME

Mary Donnelly

(a) Residence, No. Kansas City, Missouri St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 5 5

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Charles Quiss

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

12. MAIDEN NAME OF MOTHER Budget Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

14. INFORMANT Herl Beverly
(Address) State Hosp. #2 St. Joseph, Mo.

15. FILED NOV 5 1930 REGISTRAR John E. W.

2 2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1929 to November 5, 1930, and that I last saw her alive on November 4, 1930, and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
5/23/29 (duration) 1 yrs. _____ mos. _____ ds.
5/9/29
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) Several yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
(Signed) George W. Farnham, M. D.
Nov 6, 1930 (Address) State Hosp. #2 St. Joseph, 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 Kansas City, Missouri. DATE OF BURIAL Nov. 7th 1930

20. UNDERTAKER W. A. McInnes ADDRESS 1802 Union Str

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.

WRITE PERMANENTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 5 1930

