

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

Do not use this space.

14282

1. PLACE OF DEATH

County Jackson
Township Leu
City Kansas City (No. 2637)

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 1799
St. _____ Ward _____

2. FULL NAME

John J. O'Donnell
(a) Residence, No. 2637 Madison 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Johanna O'Donnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
84 5 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Track Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). Chicago Cereals Co. & things
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Edward O'Donnell

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT (Address) Mrs Johanna O'Donnell 2637 Madison

15. FILED 4/17 19 31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 8 1931 to Apr 16 1931 that I last saw him alive on 4-16 1931 and that death occurred, on the date stated above, at 4:50 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia
R.T. Surg.

108 (duration) yrs. mos. ds.
CORROBORATORY (SECONDARY) 108 (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) John O'Sullivan M. D.

4/17 1931 (Address) Ke 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

St Marys 4/18/31

20. UNDERTAKER ADDRESS Leird & Tobin 557 Main

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

