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

Do not use this space.

1099

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 137

Township Kaw — Primary Registration District No. 1008 — Registered No. 137

City Kansas City (No. 916 Charlotte St. ..... Ward)

2. FULL NAME John Donnelly

(a) Residence. No. 916 Charlotte St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec .7, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	1	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work County Club Secetery

(b) General nature of industry, business, or establishment in which employed (or employer) 210

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo. 1

PARENTS

10. NAME OF FATHER John Donnelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland 15

12. MAIDEN NAME OF MOTHER Rose Welsh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Ohio

14. INFORMANT W.G. Donnelly
(Address) 4001 East 15th

15. FILED Jan 14, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 — 13 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Jan 9, 1932 that I last saw him alive on Jan 9, 1931, and that death occurred, on the date stated above, at about 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Cordites, Chronic
92A
(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 92A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) W. L. Hoelzle, M. D.

1/13, 1932 (Address) 737 Lactery, Bd

*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 Cemetery	Jan 15, 32 19

20. UNDERTAKER	ADDRESS
Wagner Funeral Home 204	W. Linwood

...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.