

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

Do not use this space.

1. PLACE OF DEATH
 86 County Putnam Registration District No. 721
 Township Levin Calm Primary Registration District No. 3952
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME James O'Donnell
 (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.

File No. 17127
 Registered No. _____

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) May 28 - 1868

| | | | | |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS THAN 1 DAY, _____ hrs. or _____ min. |
| | <u>63</u> | <u>11</u> | <u>22</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo.

13. NAME James O'Donnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island

15. MAIDEN NAME Mary Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island

17. INFORMANT Wm O'Donnell
 (ADDRESS) Wilmington Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wilmington DATE May 22, 1932

19. UNDERTAKER Carroll's Undertakers
 (ADDRESS) Wilmington Mo

20. FILED June 9 1932 Hayes Barnett
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1932

22. I HEREBY CERTIFY, that I attended deceased from Apr 10 1932 to May 20 1932
 I last saw him alive on May 1 1932 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Mucocystitis
930 930
 Other contributory causes of importance: _____
 ()

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. Haberman M. D.
 (Address) Wilmington Mo

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.

MIN 24 1932

