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.

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 899 — File No. 26137
Township KAW — Primary Registration District No. 0002 — Registered No. 3095
City KANSAS CITY (No. ST. MARY'S HOSPITAL St. Ward)

2. FULL NAME RAY OLAN DONOVAN
(a) Residence, No. St., ✓ Ward. HERRINGTON, KANSAS
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) AUGUST-13-1906
7. AGE: YEARS 25 — MONTHS 11 — DAYS 30 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TIME KEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MISSOURI PACIFIC R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) HERRINGTON (STATE OR COUNTRY) KANSAS

FATHER
13. NAME CORNELIUS DONOVAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER
15. MAIDEN NAME JIMMIE FULLERTON
16. BIRTHPLACE (CITY OR TOWN) SKIDDER (STATE OR COUNTRY) KANSAS

17. INFORMANT WILLIAM DONOVAN (ADDRESS) HERRINGTON, KANSAS
18. BURIAL, CREMATION, OR REMOVAL PLACE HERRINGTON, KANS. DATE AUGUST-13 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI
20. FILED 8/12 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-12, 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to August 12, 1932
I last saw him alive on Aug 11, 1932. Death is said to have occurred on the date stated above, at 9:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Vegetation Endocarditis	about
Tricuspid Valve	July 1st '32
110A	
91C 91B	
36	
Other contributory causes of importance:	
Staptococcic Septicemia	about
Empyema	July 19

Name of operation Laboratory and autopsy findings Date of
What test confirmed diagnosis? Was there an autopsy? yes

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. E. Castles, M. D.
(Address) 822 Argyle Bldg Kansas City, Mo

822 Argyle Bldg.
1:30 - 5