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.

JAN 7 1933

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

Do not use this space.

34860

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1125

City St Joseph (No. 2901 Sherman St. Ward)

2. FULL NAME Zelleta S Donly

(a) Residence, No. 2901 Sherman st. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FeMale

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jas. L. Donly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 16, 1856

7. AGE: YEARS 76 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Valvern Ohio

FATHER

13. NAME: Rev. D. B. Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Martha Dodson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Jas. L. Donly 2901 Sherman St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Auburn Cem.
PLACE St Joseph Mo. DATE Nov. 25 1932

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 11-25, 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to Nov. 22, 1932
I last saw her alive on Nov. 22, 1932 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset 20 to 30 years
Primary Sat Uterus
4 8 — 4 8

Other contributory causes of importance:

Name of operation None — Date of ✓
What test confirmed diagnosis? Clinical — 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) Dr. Walter C. Myers, M. D.
(Address) Savannah Mo.