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

Do not use this space.

38630

JAN 21 1933

12 2 7

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 226

City Poplar Bluff (No. ..., ... St. ... Ward)

2. FULL NAME Mary E. O'Donnell

(a) Residence, No. 132 North B. Street St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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*)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
60	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 998

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 239 E

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

11. Total time (years) spent in this occupation 75 A

12. BIRTHPLACE (CITY OR TOWN) Robertsville
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Woody

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

MOTHER

15. MAIDEN NAME Eudora Johnson

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

17. INFORMANT John W. O'Donnell
(ADDRESS) 132 N. B. St. Poplar Bluff, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE City DATE Dec. 21, 1932

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED Dec 21 1932 B. J. Cline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Dec 19, 1932

I last saw her alive on Dec 19, 1932. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endo carditis Vegetative (mitral)	unknown

Other contributory causes of importance:

endarteritis obliterans	Dec 1 1932
auricular fibrillation	Dec 15 1932

Name of operation amputation left leg Date of Dec 15 1932

What test confirmed diagnosis? suspection 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) B. J. McCauley, M. D.

(Address) Poplar Bluff Mo

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.