

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH
 County Franklin Registration District No. 700
 Township Franklin Primary Registration District No. 002
 City Franklin No. 3108 St. 002 Registered No. 4853
 2. FULL NAME Harry E. Donnelly St. 002 Ward 573
 (a) Residence, No. 208 1/2 34th (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Feb 7 - 1886
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1886
 7. AGE YEARS 48 MONTHS _____ DAYS 2 IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 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) St. Louis
 13. NAME Robert E. Donnelly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin
 15. MAIDEN NAME Mary Ellen Grant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin
 17. INFORMANT (ADDRESS) W. F. Donnelly
 18. BURIAL, CREMATION, OR RESIGNAL PLACE DATE 27 34th
 19. UNDERTAKER (ADDRESS) W. F. Donnelly
 20. FILED 276 1934 m m Crowder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1934
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1933, to Feb 4 1934
 I last saw him alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 40 m.
 The principal cause of death and related causes of importance were as follows:
Angina pectoris
Arthritis acute hip joint
 Date of onset Oct 1933
 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) W. F. Culbertson, M. D.
 (Address) 505 Professional Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. J. G. Hubbard

Feb 3 3ars4

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH *Jackson* Registration District No. *399*
County *Jackson* Primary Registration District No. *1002*
Township *Kansas* (No.) St. Ward (....)
City *Kansas* (No.) St. Ward (....)

2. FULL NAME *Harry G Donnelly*
(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.

4835

File No.

Registered No. *573*

St. Ward (....)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *m* (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *2/6 1934* *M. Crowe* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 4 1934*

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on ..., 19... Death is said to have occurred on the ... m.

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

Other contributory causes of importance:
Date of onset

Name of operation Date of ...
What test confirmed diagnosis? Was there an autopsy?

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? If so, specify

(Signed) ... M. D.
(Address) ...

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

S-4853