

# CERTIFICATE AND RECORD OF DEATH

OF

REGISTER No. ....  
SANGAMON COUNTY

1. FULL NAME *Frederick Maurice Donovan*

2. (a) SEX *M* (b) COLOR *W* (c) SINGLE MARRIED WIDOWED DIVORCED *Married*

3. (a) BIRTHPLACE *New Hampshire* (b) DATE OF BIRTH *July 4 - 1864*

4. AGE *47* YEARS *8* MONTHS *3* DAYS *6* HOURS

5. DIED ON THE *17* DAY OF *March* 191*6* AT ABOUT *6* P.M.

6. LAST OCCUPATION *Watchmaker Retired Base Player*  
(KIND OF INDUSTRY)

7. FORMER OCCUPATION

8. (a) PLACE OF DEATH *St Johns Hosp* (b) HOW LONG AT PLACE OF DEATH

9. (a) FORMER OR USUAL RESIDENCE *157 No 5 and Bloomington*  
*oak ridge* (b) ADDRESS *Springfield, Ill*

10. PLACE OF BURIAL *Mary* 16. UNDERTAKER *Chas J Buschson*  
15. DATE OF BURIAL *May 9 1916* ADDRESS *Springfield, Ill.*

HOUR.....M. TELEPHONE No.....

ENTRY TO BE MADE BY COUNTY CLERK

HOW LONG IN STATE

11. HOW LONG IN U. S. IF FOREIGN BORN

12. (a) NAME OF FATHER *Maurice Donovan*  
(b) BIRTHPLACE OF FATHER *New Hampshire*  
(STATE OR COUNTRY)

13. (a) MAIDEN NAME OF MOTHER  
(b) BIRTHPLACE OF MOTHER  
(STATE OR COUNTRY)

The foregoing stated personal particulars are true to the best of my knowledge and belief.

14. INFORMANT *Largh Donovan*  
*Springfield, Ill*  
ADDRESS *Chas J Buschson*  
LICENSE NO.

### PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

I *Meredy Griffin*, THAT I ATTENDED DEPARTED FROM *Mar 7 6* 191*6* TO *Mar 7 6* 191*6*; THAT I LAST SAW *Alive* ON THE *10:30* DAY OF *Mar* 191*6* THAT *6* DIED ON THE *6* DAY OF *Mar* 191*6* AT ABOUT *10:30* O'CLOCK, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF DEATH WAS AS HEREUNDER WRITTEN:

(a) CAUSE OF DEATH <i>General Septicemia</i> <small style="font-size: 8px;">Duration in Years, Months, Days or Hours</small>	(b) CONTRIBUTORY (SECONDARY) <i>Schistocera</i> <small style="font-size: 8px;">Duration in Years, Months, Days or Hours</small>
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Witness my hand, this *8* DAY OF *March* 191*6* } (SIGNATURE) *Nary Amant* M. D.  
ADDRESS..... TELEPHONE.....