

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

Do not use this space.

5563

1. PLACE OF DEATH

County, Livingston
Township, Phillicotte
City, Phillicotte

Registration District No. 508
Primary Registration District No. 3024

File No.
Registered No. 14
St. (Ward)

2. FULL NAME

Mary J McNally

(a) Residence, No. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John McNally

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Wm Parrish

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT John McNally Jr.
(Address) Phillicotte Mo

15. FILED 2-21-28 Reuben Borman
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 14, 1928, to Feb 19, 1928, and that I last saw him alive on Feb 19, 1928, and that death occurred, on the date stated above, at 12:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
114 99 B
1-2-28 (duration) yrs. mos. da.
CONTRIBUTORY Bronchio pneumonia secondary to influenza (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No - DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) J. M. Russell M.D. M. D.

Feb 21 1928 (Address) Phillicotte Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Anderson Lane 2-21 1928

20. UNDERTAKER ADDRESS

F B Norman Phillicotte

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.

1928

