

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

Do not use this space.

38743

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City..... (No. 2920 = Hebert)

File No.
Registered No. 11392
St. Ward

2. FULL NAME

Mary Mc Nealis
(a) Residence No. 2920 = Hebert St., 20 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 | — | 24 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chillicothe
(STATE OR COUNTRY) Penn

10. NAME OF FATHER John Mc Nealis

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs Nona Sturphman
(Address) 2920 = Hebert St

15. FILED 21 2 19 1928 Max C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 21, 1928
that I last saw him/her alive on Nov 20, 1928 and that death occurred, on the date stated above, at 12:01 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A
117/000
(duration) yrs. mos. 11 da.

CONTRIBUTORY (SECONDARY) Bronchial Catarrh
non Tubercular (duration) yrs. mos. 1 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

21. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. P. Davies, M. D.
Nov 22 1928 (Address) 2337 1/2 Market St

*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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul Ch DATE OF BURIAL Nov 23 1928

23. UNDERTAKER Hauch & Schmitt ADDRESS 373 1/2 S. Grand St

WRITE PAINLY, 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.

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