

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

Do not use this space.

16135

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kansas City (No. 511 M Hardesty)

Registration District No. 399  
Primary Registration District No. 511 M Hardesty

File No. \_\_\_\_\_  
Registered No. 2153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Bernard McNeillis  
(a) Residence, No. 511 M Hardesty, \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_  
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 4 - 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>7</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work city chief  
(b) General nature of industry, business, or establishment in which employed (or employer) Elevator Inspector  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John McNeillis

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

12. MAIDEN NAME OF MOTHER Ellen Ryan

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

14. INFORMANT Mrs. Rose Shinnick  
(Address) 503 M Hardesty

15. FILED 5/12 19 30 M. G. Cronin  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 11 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1930 to May 11th, 1930 that I last saw him alive on May 11th, 1930 and that death occurred, on the date stated above, at 9:22 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hepatitis 91A  
125B

CONTRIBUTORY (SECONDARY) Acute Endocarditis  
(duration) yrs. mos. 9 ds.

**WHERE WAS DISEASE CONTRACTED**

AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms  
(Signed) Clarence K. Cooper, M. D.

Address 626 Lathrop Bldg.

\*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 Calvary DATE OF BURIAL May 13 1930

20. UNDERTAKER Newswomen's Sons ADDRESS K.C.

WRITE PLAINLY, 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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City Hall, mailed 4-