

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

Do not use this space.

18066

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City ST. LOUIS MO. (No. 4014 a SULLIVAN AVE.) St. Ward

File No.
Registered No. 5223 St. Ward

2. FULL NAME MARTHA ANN McNALLY

(a) Residence. No. 4014 a SULLIVAN AVE. St. 10 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.

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 THOMAS McNALLY

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/19/1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 2 8

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

9. BIRTHPLACE (CITY OR TOWN) CINCINNATI
(STATE OR COUNTRY) OHIO

10. NAME OF FATHER ALEXANDER KERR

11. BIRTHPLACE OF FATHER (CITY OR TOWN) NOT KNOWN
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER " Mahon "

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

14. INFORMANT A. P. Cox
(Address) 4014 a Sullivan

15. MAY 28 1930 FILED 19 Map C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27/30 19

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1930, to May 26, 1930 that I last saw h. er alive on May 26, 1930, and that death occurred, on the date stated above, at 8-20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis (auricular fibrillation)
93c
100A
95A (duration) yrs. ? mos. 13 ds.

CONTRIBUTORY (SECONDARY) acute Bronchitis
non-tubercular (duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St. Louis, MO.
DID AN OCCUPATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Edw. F. Sievers M. D.

5/27, 1930 (Address) 3912 St. Louis Ave

*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 VALHALLA CEMETERY DATE OF BURIAL 5/29/30

20. UNDERTAKER Provosk and Co ADDRESS 3710 N. Grand

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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