

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

Do not use this space.

19329

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. Norwood)

Registration District No. 398
Primary Registration District No. 6534

File No. _____
Registered No. 187
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1704 Scott St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Elizabeth McAnally

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, . hrs. or min.
	<u>71</u>	<u>3</u>	<u>18</u>	<u>14</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work laborer watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Oil Refinery
(c) Name of employer Standard Oil Co

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

10. NAME OF FATHER Wm H. McAnally

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

12. MAIDEN NAME OF MOTHER Elizabeth Potts

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

14. INFORMANT Frank G. McAnally
(Address) 1704 Scott

15. FILED 6-4 1930 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1930

17. HEREBY CERTIFY, That I attended deceased from June 2 1930, to June 3 1930 that I last saw him alive on June 3 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
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86A (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch Nephritis (duration) do not know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) George T. Wynne M. D.
6-4 1930 (Address) Independence, 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 Norwood Ind Mo DATE OF BURIAL June 5 1930

20. UNDERTAKER W. J. Mitchell ADDRESS Ind Mo

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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