OCT 29 1930

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

Do not use this space.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.: 30266

Township: [illegible] — Primary Registration District No.: 2002 — Registered No.:

City: Joplin (No. St. Johns Hospital St. Ward)

2. FULL NAME Florence Mildred McNally.

(a) Residence. No. 2001 Ky Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fem.
4. COLOR OR RACE: W.
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): Jan 9 1911

7. AGE: Years 19 — Months 8 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin Mo

PARENTS
10. NAME OF FATHER: Frank McNally
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Ks.
12. MAIDEN NAME OF MOTHER: Florence Broadhurst
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cherokee Kansas

14. INFORMANT: Florence McNally (Address) Joplin Mo

15. FILED 9/20, 1930 A Beacon Clark REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-18 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-10, 1930 to 9-18, 1930 that I last saw her alive on 9-18, 1930 and that death occurred, on the date stated above, at 8.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mio cordites
55A
93B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): following removal of ovarian tumor (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 9-13-30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. W. Balsley, M. D.
9-20, 1930 (Address) Joplin, 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: Mt. Olive Pittsburg Ks. — DATE OF BURIAL: 9-21 1930

20. UNDERTAKER: Hurlburt Und Co — ADDRESS: Joplin 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.