

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

Do not use this space.

9789

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....
Township Kaw..... Primary Registration District No.....
City Kansas City (No. 2527) Quincy..... St. Ward)

File No.....
Registered No. 16171
St. Ward)

2. FULL NAME Mrs. Mary Elizabeth McNerney

(a) Residence. No. 2527 Quincy..... St., 14 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. 1 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael McNerney</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 11 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	63	6	22	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>At Home</u> <u>2.35</u> (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) Missouri

PARENTS	10. NAME OF FATHER <u>Richard O'Shaughnessy</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u> <u>15</u>
	12. MAIDEN NAME OF MOTHER <u>Mary E Curtin</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Michael J. McNerney
(Address) 2527 Quincy

15. FILED 3/4 1931 M.M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 1931 Mar 3 1931 that I last saw her alive on Mar 3 1931 and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic endocarditis and myocarditis (rheumatic) Arteriosclerosis (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary oedema
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
O DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? equal
(Signed) Mary E. Brown M. D.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Quincy, Mo. DATE OF BURIAL 3/6/31 19
20. UNDERTAKER Quirk & Tobin--20 W L.wood ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

