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

Do not use this space.

13265

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph (No. 1603 Olive street St. Ward)

File No.

Registered No. 432

2. FULL NAME Emmett Francis McNamara

(a) Residence. No. 1603 Olive street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 21 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Harrington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 1, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John J. McNamara

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Anna F Donaghue

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

14. INFORMANT John J. McNamara
(Address) 1603 Olive street-St. Joseph Mo.

15. FILED, 19 John R Bender REGISTRAR

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 - 1931

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to April 19, 1931 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 9/20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic
1 Pulmonary tuberculosis
23 B
124 A

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver, alcoholic

(duration) many yrs. mos. ds.

23

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thomas Redmond M. D.

Apr. 20 1931 (Address) 302 P. S. 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	DATE OF BURIAL
Mt. Olivet Cemetery	April 21 1931
20. UNDERTAKER	ADDRESS
H. O. Sidenfaden	1802 Union st.