

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

Do not use this space.

31868

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3029
(No. 115 N. Fifth

File No. _____
Registered No. 256
St. 2 Ward

2. FULL NAME

(a) Residence, No. 115 N 5th St., 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22 1861</u>		
7. AGE YEARS <u>70.</u>	MONTHS	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gas. M'Creary Sh. Co.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wyr. Sh. Co</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo</u>
	13. NAME <u>Thomas M'Creary</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	15. MAIDEN NAME <u>Anna Henry</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	17. INFORMANT <u>Miss Mary E. M'Creary</u> (ADDRESS) <u>Hannibal Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary Cemetery</u> DATE <u>9-22-31</u>
19. UNDERTAKER <u>James D. Daniel</u> (ADDRESS) <u>Hannibal Mo</u>	
20. FILED <u>9/21</u> 19 <u>31</u> <u>O. C. Coe</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1931 to Sept 18 1931
I last saw her alive on Sept 18 1931. Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Hypertension
Date of onset 9

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) W. J. Francis, M. D.
(Address) Hannibal 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. OCT 24 1931

