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

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.

NOV 28 1931

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

Do not use this space.

35475

1. PLACE OF DEATH

County ..... Registration District No. 757 File No. .....

Township ..... Primary Registration District No. 3036 Registered No. 157

City St Charles (No. 721, Clay St. ..... Ward)

2. FULL NAME John McNally

(a) Residence, No. 721 Clay St. ..... 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: Male
4. COLOR OR RACE: White
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) Jany. 29-1840

7. AGE: YEARS 91 MONTHS 8 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N. Y.

FATHER

13. NAME No History

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

MOTHER

15. MAIDEN NAME No History

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

17. INFORMANT (ADDRESS) Josephine Holthaus 3646 Evans St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE Oct 24, 1931

19. UNDERTAKER (ADDRESS) Bensiek - Niehaus St Louis Mo

20. FILED 10/26, 1931 Hy. J. Bloebsum Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1931, to October 22, 1931

I last saw him alive on Ocober 21, 1931. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Cirrhosis	6 mo ago.
124B 77 124B	
Other contributory causes of importance:	
Arteriosclerosis	20 yrs ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) B. P. Wentker, M. D.

(Address) St. Charles, Mo.

a