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

Do not use this space.

37028

File No.
Registered No. 242

1. PLACE OF DEATH
County Callaway
Township ~~Fulton~~
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Caroline McMenamy
(a) Residence, No. State Hospital #1, Fulton, Mo Ward. O'Fallon, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DEC 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. McMenamy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: Years 44; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Unknown

FATHER
13. NAME No Information
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME No Information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Records of State Hospital #1 Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE O'Fallon, Mo, DATE Nov, 16th, 1931

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co, Fulton, Mo,

20. FILED Nov 16, 1931 R. N. Preuss Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16th, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 5th, 1931, to November 16th, 1931
I last saw h. alive on November 15th, 1931. Death is said to have occurred on the date stated above, at 6:30 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Edema and Ascites	Unknown
Aortic Stenosis	Unknown

Other contributory causes of importance:
Dementia Praecox (Paranoid) 1924

Name of operation Abdominal paracentesis Date of 10/10/31, 11/14/31
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) C. C. Cult, M. D.
(Address) Fulton, Mo.