

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

Do not use this space.

3843

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 1105 south 15)

File No.

197

Registered No.

St. _____ Ward)

2. FULL NAME Jane McNally

(a) Residence, No. 1105 south 15

St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds.

How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael McNally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1834

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>97</u>	<u>6</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) County Meath (STATE OR COUNTRY) Ireland

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

17. INFORMANT Martin McNally (ADDRESS) 1105 so. 15 St St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St. Joseph Mo. DATE March 2, 1932

19. UNDERTAKER H. Widenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED MAR 21 1932 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1932, to Feb 28, 1932.

I last saw her alive on Feb 28, 1932. Death is said

to have occurred on the date stated above, at 2:30A m.

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

Coron. Infirm.
93C
107A
99
Other contributory causes of importance:
arterio-scl.
Chr. Myocarditis
(D)

Date of onset
5 days

Name of operation none Date of _____

What test confirmed diagnosis? clin. 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) Francis W. Hardigan, M. D.

(Address) Genepatree Bldg.

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

MAR 21 1932

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.

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