

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

Do not use this space.

25162

**1. PLACE OF DEATH**

County Vernon  
Township Center  
City Nevada (No. \_\_\_\_\_)

Registration District No. 275  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 159 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 210 1/2 Hunter St., 2 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 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 John Shea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 72 4 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine

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) Bryson County

13. NAME James Driscoll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

15. MAIDEN NAME Margaret O'Connor

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

17. INFORMANT (ADDRESS) Mrs Margaret T. Myers Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada, Mo. DATE 7-11-32

19. UNDERTAKER (ADDRESS) John E. Myers Nevada, Mo.

20. FILED 7-20, 19 32 E. P. King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1932

22. I HEREBY CERTIFY That I attended deceased from John 15, 1932, to John 9, 1932

I last saw h. John alive on July 9, 1932. Death is said to have occurred on the date stated above, at 9:10 A. m.

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

Edema of lungs  
III B III B

Other contributory causes of importance: Left heart failure (D)

Name of operation 8 Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) \_\_\_\_\_, M. D.

(Address) J. M. Yary Nevada, Mo.

AUG 31 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY SUPPLIED.

