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

Do not use this space.

File No. 28867

Registered No. 947

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. Sunnyslope Hospital St. Ward)

2. FULL NAME: Francis Chas. McNally

(a) Residence, No. St., Ward. Kansas City Missouri (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Maud McNally

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 12, 1852

7. AGE — Years: 80 — Months: 9 — Days: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Sta. Engr.

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): Columbus, Ohio

FATHER

13. NAME: John McNally

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

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT: Mrs McNally
(ADDRESS) 3317 East 20 st Kansas City Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Kansas City Mo. DATE: Sept. 28, 1933

19. UNDERTAKER: H. O. Siebenpaden
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED: 9-25-1933 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Sept 25, 1933

I last saw him alive on Sept 25, 1933. Death is said to have occurred on the date stated above, at 7:25 P.m.

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

Encephalitis Lethargica — Date of onset

Other contributory causes of importance:

Name of operation: Laboratory — Date: Clinical

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) A. J. Smith M. D.

(Address) 1203 Rialto St Joseph 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.

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

OCT 20 1933