R 25 1934

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.

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

Do not use this space.

8802

1. PLACE OF DEATH
County JACKSON
Township BLUE
City
Registration District No. 398
Primary Registration District No. 5554
(No. 8728 WINNER ROAD St. Ward)
File No.
Registered No. 172

2. FULL NAME NELLIE McGRATH
(a) Residence, No. 8728 WINNER ROAD 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 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 WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 8 - 1860
7. AGE YEARS 73 MONTHS 5 DAYS 15 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) MALTA ILLINOIS

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) ERNEST E. McGRATH 8728 WINNER ROAD INDEP. MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE March 24 1934
19. UNDERTAKER (ADDRESS) GEO. C. CARSON 815 W. MAPLE AVE., INDEP. MO.
20. FILED March 24 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22- 1934
22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1934, to 3/22, 1934
I last saw her alive on Mar - 22, 1934. Death is said to have occurred on the date stated above, at 11:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Coronary Sclerosis~~	
Coronary Sclerosis	
945	
1/2	
946	

Other contributory causes of importance:
Senility

Name of operation 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 C. S. Gillmor
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) 10307 Indep Ave Kemo