

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal, Mo. (No. 2801 W. Bird St.)

Registration District No. 547
Primary Registration District No. 3029

File No. 43660
Registered No. 350
St. _____ Ward _____

2. FULL NAME John F. McNally

(a) Residence, No. 2801 W. Bird St. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from August, 1934 to Dec. 8th, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1910

I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 10:44 A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 10 20

The principal cause of death and related causes of importance were as follows:
Septicemia (Stretococcus veridus) (date of onset)

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

Other contributory causes of importance:
Endocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo.

13. NAME Arthur F. McNally

Name of operation Blood culture Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Minnie Effer

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

17. INFORMANT Miss Katheryn McNally
(ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE Dec. 11, 1934

19. UNDERTAKER James O'Donnell
(ADDRESS) Hannibal, Mo.

20. FILED Dec. 11, 1934 R. W. Isbister
Deputy Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify W. F. Francka, M. D.
(Signed) _____ (Address) Hannibal, Mo.

Exact statement of OCCUPATION is very important. Do not leave blank unless properly measured.

Copy
(Original lost in mail)

APR 26 1958

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3029

File No. 43660
Registered No. 350
St. Ward)

2. FULL NAME

(a) Residence, No. John F. McNally St. Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1934

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at, m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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

Septicemia Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cause unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Endocarditis - sub acute

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME

acute

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

Name of operation Date of

15. MAIDEN NAME

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE DATE 19

Manner of injury

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED 3-13 1935 E. M. Luecke Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed), M. D.

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REGISTRATION IS VERY IMPORTANT

APR 2 1963

APR 24 1963

S-43660