

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.

MAY 21 1935

12042

1. PLACE OF DEATH 85  
County Buchanan, Registration District No. 1001  
Township St. Joseph, Primary Registration District No. 1001  
City St. Joseph, (No. St. Joseph's Hospital) St. Ward

2. FULL NAME Dora McNeely,  
(a) Residence, No. 923 Powell St., Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 66 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) Single,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1839  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
96 / /

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,  
10. Date deceased last worked at this occupation (month and year) March 1935  
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Charles, Ireland,

13. NAME James McNeely,

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

15. MAIDEN NAME Hannah Dodd,

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

17. INFORMANT (ADDRESS) Wm. A. McNeely 1520 So. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem DATE April 29, 1935

19. UNDERTAKER (ADDRESS) Madon, Betate & Proulx 319 So. 10th St. Funeral Home

20. FILED 4-17 1935 J. W. R. Beards Registrars

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 26, 1935. I last saw her alive on April 26, 1935. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Broncho Pneumonia  
Senility  
Date of onset April 20, 1935

Other contributory causes of importance: Diabetes Mellitus 1934.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) J. L. Thompson, M. D.  
(Address) 815 Charles Street

