

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

Do not use this space.

JUN 5 1935

15385

1. PLACE OF DEATH

County Vernon
 Township Washington
 City Verona (No.)

Registration District No. 875
 Primary Registration District No. 6162

File No.
 Registered No. 83
 St. Ward

2. FULL NAME

McHugh Susan

(a) Residence, No. State Hospital in 3 Nevada Ave. Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>About</u>	<u>85</u>	<u>?</u>	<u>?</u>	

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

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) Ireland

13. NAME Michael McNeilis

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

15. MAIDEN NAME Bridget McRenden

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

17. INFORMANT (ADDRESS) J. B. Quinn, Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo. DATE April 24 1935

19. UNDERTAKER (ADDRESS) Eichinger Funeral Home Nevada Mo.

20. FILED 4/24 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934, to April 24 1935

I last saw her alive on April 24 1935. Death is said to have occurred on the date stated above, at 5:05 p.m.

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

Fracture of skull

Date of onset

Other contributory causes of importance:

Chronic degenerative
Generalized arteriosclerosis
Hypertension Senility

Name of operation None Date of operation
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-23-35

Where did injury occur? Nevada, Vernon County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Hospital no 3.

Manner of injury Fell from bed in convulsion
 Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) W. N. Pearson, M. D.
 (Address) State Hospital no 3, Nevada 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.

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