

JUL 2 2 1935

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

Do not use this space.

19843

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2486
St. _____ Ward _____

2. FULL NAME

Minnie L. Mc Nervey

(a) Residence, No. 3702 E 57th 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

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick J. Mc Nervey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 1880

7. AGE YEARS 54 MONTHS 8 DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME James B. Comer

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

15. MAIDEN NAME Hannie T. O'berton

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

17. INFORMANT (ADDRESS) Michael J. Mc Nervey
3702 E 57th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 19, 1935

19. UNDERTAKER (ADDRESS) Quincy T. Dain Co
20 W. Sunward

20. FILED 6-18-35 M. M. Mc Nervey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to June 17, 1935
I last saw her alive on 6/17, 1935 Death is said to have occurred on the date stated above, at 3 p. m.

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

malignant hypertension with nephritis. Hememia immediate cause. Date of onset 4-8 yrs

Other contributory causes of importance: malignant hypertension with nephritis. Chronic 3-4 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? renal Was there an autopsy? Yes

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) Rebecca Dain, M. D.
(Address) 1024 Jefferson St. Bldg.

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.

