

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.

30037

OCT 24 1935

1. PLACE OF DEATH

County Burgess
Township
City Chillicothe (No. _____)

Registration District No. 505
Primary Registration District No. 3026

File No. _____
Registered No. 125
St. _____ Ward _____

2. FULL NAME

William E. Mc Nab

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Mc Nab</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-27-1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	Days <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Postmaster</u>	
	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) <u>Sullivan Mo</u>		
FATHER	13. NAME <u>Albert J Mc Nab</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burgess Mo</u>	
MOTHER	15. MAIDEN NAME <u>Luby G. Mc Lee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Mo</u>	
17. INFORMANT (ADDRESS) <u>Joe Mc Nab</u> <u>Widow Mrs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camp Howell</u> DATE <u>Sept-17-1935</u>		
19. UNDERTAKER (ADDRESS) <u>Geo Gordon</u> <u>Chillicothe, Mo</u>		
20. FILED <u>Sept 17 1935</u> <u>Donald W. ...</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-18-1935
22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1935 to Sept. 15 1935
I last saw him alive on Sept. 15 1935. Death is said to have occurred on the date stated above, at 9:30 am.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

3 yrs ago

9 of 2

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Examine Was there an autopsy? no

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) AMG race M. D.
(Address) Chillicothe, Mo

