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

Do not use this space.

36528

DEC 19 1935

1. PLACE OF DEATH
County Lafayette
Township
City Dover (No. , St. Ward)

Registration District No. 460
Primary Registration District No. 5623

File No.
Registered No. 69

2. FULL NAME Don Buckley Mc Nally

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1932

7. AGE: Years 3 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Dover Mo.

FATHER
13. NAME Geo. D. Mc Nally
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co. Mo.

MOTHER
15. MAIDEN NAME Laura E. Hattfeild
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo.

17. INFORMANT (ADDRESS) Geo. D. Mc Nally Dover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dover, Mo. DATE Nov. 3, 1935

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo.

20. FILED Nov 15 1935 W. G. Mc Nally
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Nov 3, 1935
I last saw him alive on Aug 30, 1935. Death is said to have occurred on the date stated above, at noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericardit	

Other contributory causes of importance:

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

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?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.

160M-3-28-35