

JAN 17 1938

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

Do not use this space.

40159

286

1. PLACE OF DEATH

County St. Louis
Township Monroe
City (No. _____) _____

Registration District No. 492
Primary Registration District No. 5652

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

2. FULL NAME

Mrs Nellie McLean

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barney McLean</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-14-1871</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>2</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>housewife</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
FATHER	13. NAME <u>Cornelius Murphy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Ellen Higgins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mary Little</u> (ADDRESS) <u>Chicago Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hannibal Mo</u> DATE <u>12-18</u> 19 <u>35</u>		
19. UNDERTAKER <u>Ray Schwartz</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>12/16</u> 19 <u>35</u> <u>B. K. Murphy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1935 to 12-16 1935
I last saw her alive on 12-16 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
Arterial Sclerosis

Other contributory causes of importance:
Arterial Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Spinal as 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 _____, 1935
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) B. K. Murphy M. D.
(Address) Hannibal Mo

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.

