

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

Do not use this space.

25584

1. PLACE OF DEATH **AUG 15 1936**

County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City St. Joseph (No. 1904 Edmond Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 944

2. FULL NAME Mary Ellen McAleer  
(a) Residence, No. 1904 Edmond Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

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

22. I HEREBY CERTIFY, that I attended deceased from Oct 18 1935 to July 14 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1849

I last saw her alive on July 14 1936 Death is said to have occurred on the date stated above, at 9:10 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 9 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher (Ret)  
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) 1926 11. Total time (years) spent in this occupation 25

Dr. Meyers' records  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Maryland

Other contributory causes of importance: Eclampsia Sept 18 1914  
Senility  
Proctocolitis Oct 18 1935

13. NAME George W. McAleer

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pennsylvania

15. MAIDEN NAME Mary Ellen Colvin

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of injury Oct 18 1935  
Where did injury occur St. Joseph, Buchanan Co., Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

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

Manner of injury Slipped and fell on floor  
Nature of injury Fracture of femur

17. INFORMANT (ADDRESS) Mrs. Hugh McAleer 1904 Edmond St.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mt. Olivet Cemetery St. Joseph Mo. July 19 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union St. St. Joseph Mo.

If so, specify \_\_\_\_\_ (Signed) Frank W. Barlow, M. D.  
(Address) Temperance Bldg.

20. FILED July 17 1936 Registrar.

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.

1940