FEB 15 1937

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

Do not use this space.

278

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph Mo (No. State Hospital No. 2. St. Ward)

File No.
Registered No. 77

2. FULL NAME Nellie Margaret Mongan
(a) Residence, No. 225 E. Mayer Bulwark Ward N. C. Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
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) Sept. 13 1894

7. AGE: YEARS 42 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer.
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) Kansas City Mo

FATHER
13. NAME Patric Mongan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER
15. MAIDEN NAME Nellie Neylon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland Unknown

17. INFORMANT (ADDRESS) State Hosp Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL Mt. St. Marys Cem
PLACE Kansas City, Mo DATE Jan. 22. 1937

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

20. FILED 1-21 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936 to Jan 21, 1937
I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Hanging	

Other contributory causes of importance: 15

Name of operation No Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1-21-, 1937
Where did injury occur? Suicide by Hanging (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 Suicide by Hanging

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Clifton Smith by B E Miles, M. D.
(Address) State Hosp No 2

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.

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Teeth