

APR 16 1937

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

Do not use this space.

11475

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No. 11475
Township Carrollton Primary Registration District No. 3010 Registered No. 20
City Carrollton (No.) St. Ward)

2. FULL NAME

Geo. Wm. McNall
(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>M</u>	4. COLOR OF RACE <u>W</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>Iva Kistner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20, 1886</u>		
7. AGE YEARS <u>37</u>	MONTHS <u>50</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1937 to Mar. 8, 1937
I last saw him/her on Mar. 7, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Date of onset

Other contributory causes of importance: 92

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? No.
If so, specify

(Signed) Dr. A. Ammita Stiles M. D.
(Address) Carrollton, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ray Co. Mo.

13. NAME Dudley McNall

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

15. MAIDEN NAME Barbara Ann Curtis

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

17. INFORMANT (ADDRESS)
Mrs. Geo. McNall
Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Cahill Cem. Mar. 11, 1937

19. UNDERTAKER (ADDRESS)
Stanley
Carrollton, Mo.

20. FILED 3-11 1937 Paul Hopkins
Regist'rar.

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.

