

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.

AUG 11 1937

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

Do not use this space.

26370

1. PLACE OF DEATH Jackson
County Kaw
Township Kansas City
City Kansas City (No. 315 Cypress Avenue)

Registration District No. 399
Primary Registration District No. 1002
File No. 335
Registered No. 335
St. Ward

2. FULL NAME Hugh McNELLIS, Sr.
(a) Residence, No. 315 Cypress Avenue, Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary L. McNellis (Dcnd)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1848.
7. AGE YEARS 88 MONTHS 8 DAYS ?? If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman
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 35

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19/37, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to July 19, 1937.
I last saw him alive on July 18, 1937. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:
Illustrative Colitis
Chronic Myocarditis
Date of onset 5-23-37
1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT Mrs. Charles Teetz, Dau., (ADDRESS) 315 Cypress, City.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7/21/37, 1937
19. UNDERTAKER Melody-McGilley (ADDRESS) K. C. MO.
20. FILED July 20, 1937 M. McGilley Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? (m)
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? (m)
If so, specify _____
(Signed) C. H. Rose, M. D.
(Address) 103 N. Edmund

OCCUPATION
FATHER
MOTHER

Dr Chas Rose
102 N. Elmwood
BE-4191, office.