

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

Do not use this space.

SEP 25 1937

31939

1. PLACE OF DEATH

County Schuyler
Township Prarth
City Queen City (No.)

Registration District No. 806
Primary Registration District No. 4485

File No.
Registered No.
St. Ward)

2. FULL NAME

James A McNaull

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1937

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF - Bernice McNaull (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1937, to Aug 26 1937

I last saw him alive on Sept 7 1937. Death is said to have occurred on the date stated above, at 2 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1855

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 19

Cerebral Hemorrhage Date of onset Aug 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason

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) 3 month 11. Total time (years) spent in this occupation 50

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) ashlyn co (STATE OR COUNTRY) Ohio

13. NAME James McNaull

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

15. MAIDEN NAME Margaret browser

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

17. INFORMANT Mrs Bernice McNaull (ADDRESS) Queen City MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City Cem - DATE Sept 9 1937

19. UNDERTAKER Wm A West (ADDRESS) Queen City MO

20. FILED 9/9 1937 J. J. Jones Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was 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 _____, 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? _____
If so, specify _____

(Signed) J. J. Jones, M. D.
(Address) Queen City Mo.

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.

