

REC'D MAR 13 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7173

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Mason Primary Registration District No. 3029 Registered No. 58  
 (c) City Hannibal or Hannibal (d) Street No. 821 Grand Ave St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Maxy Ellen Foley  
 (a) Residence, No. 821 Grand Ave St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Foley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-29-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 6 21

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

9. Industry or business in which work was done, as 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) Manchester U. (STATE OR COUNTRY) England

13. NAME Martin J. Noonan

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

15. MAIDEN NAME Hadora McWalter

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

17. INFORMANT Thomas Foley (ADDRESS) 821 Grand Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 2-13-39

19. FUNERAL DIRECTOR (NAME) James O'Connell (ADDRESS) Hannibal Mo

20. FILED Feb. 15 1939 W. J. Fisher Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 10 - 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Feb 10 1939

Last saw her alive on Feb 10 1939. 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:

Date of onset

Lobar pneumonia  
Chronic myocarditis

Other contributory causes of importance:

Chc. nephritis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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? No  
 If so, specify .....

(Signed) Bernard J. Minsky, M. D.

(Address) Hannibal Missouri

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Harold O'Donnell  
Licensed Embalmer No. 3889  
P. O. Address Annihil Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**