REC'D APR 20 1939

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

Do not use this space.

11851

File No.

Registered No. 74

1. PLACE OF DEATH

80 County Pettis — Registration District No. 668

4 Township — Primary Registration District No. 3032

City Sedalia (No. , St. Ward)

4 254

2. FULL NAME ANNA BURNS. McGINLEY

(a) Residence, No. 625 West 5th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Michael McGinley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5, 1863

7. AGE: YEARS 75 — MONTHS 4 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Terre Haute Indiana 1

FATHER

13. NAME: Hugh Burns. 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 5

MOTHER

15. MAIDEN NAME: Helen Hegarty.

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

17. INFORMANT (ADDRESS): Mrs. C. J. McEnry Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 2/27 1939

19. UNDERTAKER (ADDRESS): McGaughlin Bros 406 Sedalia

20. FILED Feb 27 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936, to Feb 25, 1939

I last saw her alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 3:00 A.m.

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

Coronary Thrombosis — Date of onset Feb 24 1939

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Other contributory causes of importance:

Arteriosclerosis

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? no

If so, specify

(Signed) A L Walter, M. D.

(Address) Sedalia 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.

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4/10/39