

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

32852
Do not use this space.

56
2
0

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County Lewis Registration District No. 478

(b) Township Ewing Primary Registration District No. 42 87 Registered No. 13

(c) City Ewing (d) Street No. _____ 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 Thomas Edward McNally

(a) Residence, No. _____ 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 male

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29. 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>9</u>	<u>24</u>	

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

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) Monticello.

(STATE OR COUNTRY) Missouri

FATHER

13. NAME Miles McNally 5

14. BIRTHPLACE (CITY OR TOWN) Ireland 5

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elizabeth Clark.

16. BIRTHPLACE (CITY OR TOWN) Ireland

(STATE OR COUNTRY)

17. INFORMANT Mrs Datt McGinnis

(ADDRESS) Ewing, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ewing, Missouri DATE August 25, 1939

19. FUNERAL DIRECTOR James A. Coder

(ADDRESS) Lewistown, Missouri.

20. FILED Oct 11 1939 Anna K. Ball

DPH Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Aug 23, 1939

I last saw him alive on Aug 23, 1939. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

apoplexy & Organic Heart lesion

Date of onset _____

Other contributory causes of importance: 95 lb²

Name of operation None 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? _____

If so, specify _____

(Signed) Paul McPherson, M. D.

(Address) St. Louis, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-32-1719

Date Filed OCT 3 1939

STATEMENT BY LICENSED EMBALMER

I, James A. Coder

Licensed Embalmer No. 2532

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed James A. Coder

Licensed Embalmer No. 2532

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.)