

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

Do not use this space.  
**11883**

**1679**

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
 Township Raw Primary Registration District No. ....  
 City Hawes city (No. 402 N. Quincy) St. .... (Ward) .....

**2. FULL NAME**

James Thomas McMenamy  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
59 | 2 | 6 | 0 | 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employee) .....

9. BIRTHPLACE (CITY OR TOWN) Marys Co., Mo.  
 (STATE OR COUNTRY) .....

10. NAME OF FATHER Patrick McMenamy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Mary Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marys Co., Mo.  
 (STATE OR COUNTRY) .....

14. INFORMANT Mrs Julia McMenamy  
 (Address) 402 N Quincy

15. FILED 4/23 1927 M. McRough  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1927

17. I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19..... and that I last saw him alive on ..... 19..... and that death occurred on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
131  
135  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chronic Intestinal Nephritis  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290  
 IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Chas H Nelson M.D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
4-23-27 Deputiferous

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Freeburg, Mo. DATE OF BURIAL Apr 23 1927

20. UNDERTAKER D. H. Newcomer ADDRESS Southern 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.

