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

Do not use this space.

21903

File No. 8

Registered No. 8

1. PLACE OF DEATH

6 County: Barton — Registration District No. 1017

Township: Union — Primary Registration District No. 0060

City: ~~Lamar~~ Mo., (No. ..... St. ..... Ward)

2. FULL NAME: Della Marie McNary

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

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

3. SEX: Female

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): Feb. 21, 1912

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	5	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Irwin, Mo.

PARENTS

10. NAME OF FATHER: E. F. McNary

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Barton County, Mo.

12. MAIDEN NAME OF MOTHER: Linnie Gould

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Barton County, Mo.

14. INFORMANT: E. F. McNary

(Address): Irwin, Mo.

15. FILED Aug 4th 1932 C. A. Gould REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 29 - 1932

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to July 29, 1932, that I last saw her alive on July 27, 1932, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

1

123A

..... (duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY): Evidently intestinal hemorrhage.

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ..... (1)

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. Copplewell, M. D.

7-29-, 1932 (Address) Lamar, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sheldon Mo

DATE OF BURIAL: July 31 1932

20. UNDERTAKER: G B Burney Sons

ADDRESS: Sheldon

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 22 1932