

JAN 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H
City Richmond Hts. (No. St. Marys Hosp) St. _____ Ward _____

File No. 45420
Registered No. 203
St. _____ Ward _____

2. FULL NAME

John Joseph McNary
(a) Residence, No. 6628 Clayton 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. McNary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1869
7. AGE YEARS 65 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Broker
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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Wm. McNary

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Helen McNary 6628 Clayton Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Leahurst DATE Dec 17 1934

19. UNDERTAKER (ADDRESS) Mulligan and Co 5165 Delmar Blvd

20. FILED 12/17 1934 Tertrude Porter Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1934

22. I HEREBY CERTIFY That I attended deceased from me to Dec 15 3 34 1934
I last saw him alive on Dec 14 1934 Death is said

to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Section 2 days
Chronic Declusion many months
Other contributory causes of importance:

Chronic Myocarditis
St. Intestinal Myocarditis
Name of operation _____ Date of _____
What test confirmed diagnosis? Chival Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 1934
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) J. D. Harris, M. D.
(Address) Missouri State Board of Health

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.

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150

