

JAN 17 1938

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

Do not use this space.

36702

1. PLACE OF DEATH

County Mason Registration District No. 547  
Township Mason Primary Registration District No. 3079  
City Hannibal (No. 321 N. Section St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 342  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Catherine McKay

(a) Residence, No. 321 N. Section 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benj. S. McKay  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
75 7 21  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Quincy Ill

13. NAME John Kelly

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

15. MAIDEN NAME Margaret O'Connor

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

17. INFORMANT Mr. C. E. McKay  
(ADDRESS) 321 N. Section St Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St Marys Cem. DATE 12/1/35

19. UNDERTAKER James O'Donnell  
(ADDRESS) Hannibal Mo

20. FILED Dec 3 1935 R. H. Strick  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 15, 1935, to Nov 30, 1935

I last saw her alive on Nov 30, 1935 Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Demerolage of brain Date of onset Not known

Other contributory causes of importance:

Arterio-sclerosis

Name of operation \_\_\_\_\_ 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) J. B. Chittam, M. D.

(Address) 502 Broadway Hannibal 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.

WHITE PLAINLY, WITH OUTLACING INK—THIS IS A PERMANENT RECORD

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