WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Avoid saying "Unknown" or "None" if possible. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County: Macon

Township: Ten Mile
or
Village:
or
City: (NO. ____ St.: ____ Ward)

Registration District No. 1072 — File No. 10090

Primary Registration District No. 5716 — Registered No. 3

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Nettie May Jacobs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Sept. (Month) 24 (Day), 1897 (Year)

AGE: 24 yrs. 5 mos. 27 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): G-O

BIRTHPLACE (City or town, State or foreign country): Macon Co, Mo.

PARENTS
NAME OF FATHER: J. W. Miller
BIRTHPLACE OF FATHER (City or town, State or foreign country): Adams Co, Ill.
MAIDEN NAME OF MOTHER: Mary E. Fessenden
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Adams Co, Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. D. Miller

(ADDRESS) Clarence Mo. R. R. #2

Filed March 21, 1912 G. S. Pundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 21 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept., 1911, to Mar 21, 1912, that I last saw her alive on March 17, 1912, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
T.B.
N.B.
(Duration) 1 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____
(Duration) 1 yrs. ____ mos. ____ ds.

(Signed) J. A. Hyatt M. D.
Mar. 21 1912 (Address) Anabel Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: March 22, 1912

UNDERTAKER: E. E. Hopper — ADDRESS: Clarence Mo.

PLACE OF DEATH

County Macon

Township Ten Mile

or

Village

or

City (NO. St.; Ward)

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

Registration District No. 1072 File No.

Primary Registration District No. 5716 Registered No.

[If death occurre hospital or insti give its NAME i of street and numl

FULL NAME Nettie Mary Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

DATE OF BIRTH March 21, 1919 (Month) (Day) (Year)

AGE 24 yrs. 5 mos. 27 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Macon Co Mo

PARENTS
NAME OF FATHER J. H. Miller
BIRTHPLACE OF FATHER (City or town, State or foreign country) Adams Co Ill
MAIDEN NAME OF MOTHER Mary E. Fernandez
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Adams Co Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed , 191 .

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May (Month) (Day) ,

I HEREBY CERTIFY, that I attended deceased , 191 , to , 19
that I last saw h alive on , 19
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos.

Contributory (SECONDARY)
(Duration) yrs. mos.

(Signed)

, 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos.
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS

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