

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

Do not use this space.

*Leaf* 6993  
File No. \_\_\_\_\_  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Linn Registration District No. 875-  
Township \_\_\_\_\_ Primary Registration District No. 3039  
City Nevada Mo (City or Town) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Marita Melva Durham  
(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. 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)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10, 1927  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 8  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Nevada Mo  
(STATE OR COUNTRY) Linn County

**PARENTS**  
10. NAME OF FATHER Earl Durham  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn  
(STATE OR COUNTRY) County  
12. MAIDEN NAME OF MOTHER Golda Gelp  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Blumenberg  
(STATE OR COUNTRY) Linn Co Mo

14. INFORMANT Earl Durham  
(Address) Nevada Mo.

15. FILED 3/8 1927 C. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1927  
17. I HEREBY CERTIFY, That I attended deceased from Feb 14 to Feb 18 1927 that I last saw her alive on Feb 18 1927 and that death occurred, on the date stated above, at \_\_\_\_\_ in \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia  
108  
1000  
(duration) yrs. mos. ds. 5  
CONTRIBUTOR (SECONDARY) Dont know  
(duration) yrs. mos. ds. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at home  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam  
(Signed) J. M. M. D  
Feb 22, 1927 (Address) Nevada, 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 Moore Cemetery DATE OF BURIAL Feb 19 1927  
20. UNDERTAKER Terrell Terminal Home ADDRESS Nevada 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.

MAR 20 1927

