

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

Do not use this space.

23417

WIG 18 1927

1. PLACE OF DEATH

County Vernon
Township Center
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 6160

File No.
Registered No. 139 (Ward) St.

2. FULL NAME

Margett Needling
(Usual place of abode) N. W. City St. Ward.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1844

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.
82 7 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) own employer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D.H.
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Malden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.H.
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margett Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.H.
(STATE OR COUNTRY) Germany

14. INFORMANT Chas Needling
(Address) W. Va

15. FILED 8/8 77 E. B. Hering
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Found dead in bed
Death probably due
to cardiac condition

CONTRIBUTORY (SECONDARY) 9312 205 B
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed)

7-15-1927 (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 DATE OF BURIAL

Mount Calvary July 14 1927

20. UNDERTAKER ADDRESS

Ferry Bros 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.

