

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

Do not use this space.

16426

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau

File No. 1115  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Nettie McClard

(a) Residence. No. 1215 E. Ellis 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**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

J. M. McClard

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** March 29 - 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>2</u>	<u>0</u>	<u>0</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Near Parkville Missouri

**10. NAME OF FATHER** Mr. John Mellard

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** America

**12. MAIDEN NAME OF MOTHER** Mary Vestime

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** America

**14. INFORMANT (Address)** Mr. J. M. McClard 1215 E. Ellis

**15. FILED** 5/30, 1928 W. H. Haughey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

1 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 29 1928

**17. I HEREBY CERTIFY, That I attended deceased from** Mar 3 - 1928, to May 28 - 1928, that I last saw her alive on May 28 - 1928, and that death occurred, on the date stated above, at 2:30 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diabetes mellitus  
59  
57  
(duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY (SECONDARY)** Insulin  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** Cape Girardeau Mo  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?** Test for sugar  
(Signed) A. E. Walton, M. D.  
, 19 (Address) Cape Girardeau 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** Bethel Cemetery **DATE OF BURIAL** May 30 1928

**20. UNDERTAKER** W. H. Buntz **ADDRESS** 536 Bond

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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