

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

Do not use this space.

1. PLACE OF DEATH

County..... *Franklin* Registration District No. *300*
 Township..... *Levan* Primary Registration District No. *547*
 City..... (No.) St. Ward

16720

File No.
 Registered No. *10*
 St. Ward

2. FULL NAME

Mrs. Emma Nething

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar 17-1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | *1* | *16*

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. *House Wife*
 (b) General nature of industry, business, or establishment in which employed (or employer). *Self*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Noack*

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) *Martin Nething*
Hudspeth

15. FILED *5/5* 19*28* *H. Nething* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 3- 1928*

17. I HEREBY CERTIFY That I attended deceased from *May 1- 1928* to *May 3- 1928* that I last saw her alive on *May 1- 1928* and that death occurred, on the date stated above, at *9* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Catarhal Dysentery
130

(duration) yrs. mos. *7* ds.

CONTRIBUTORY (SECONDARY) *160*
 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *B.F. Goodrich* M. D.
5-5, 19*28* (Address) *New Haven Mo*

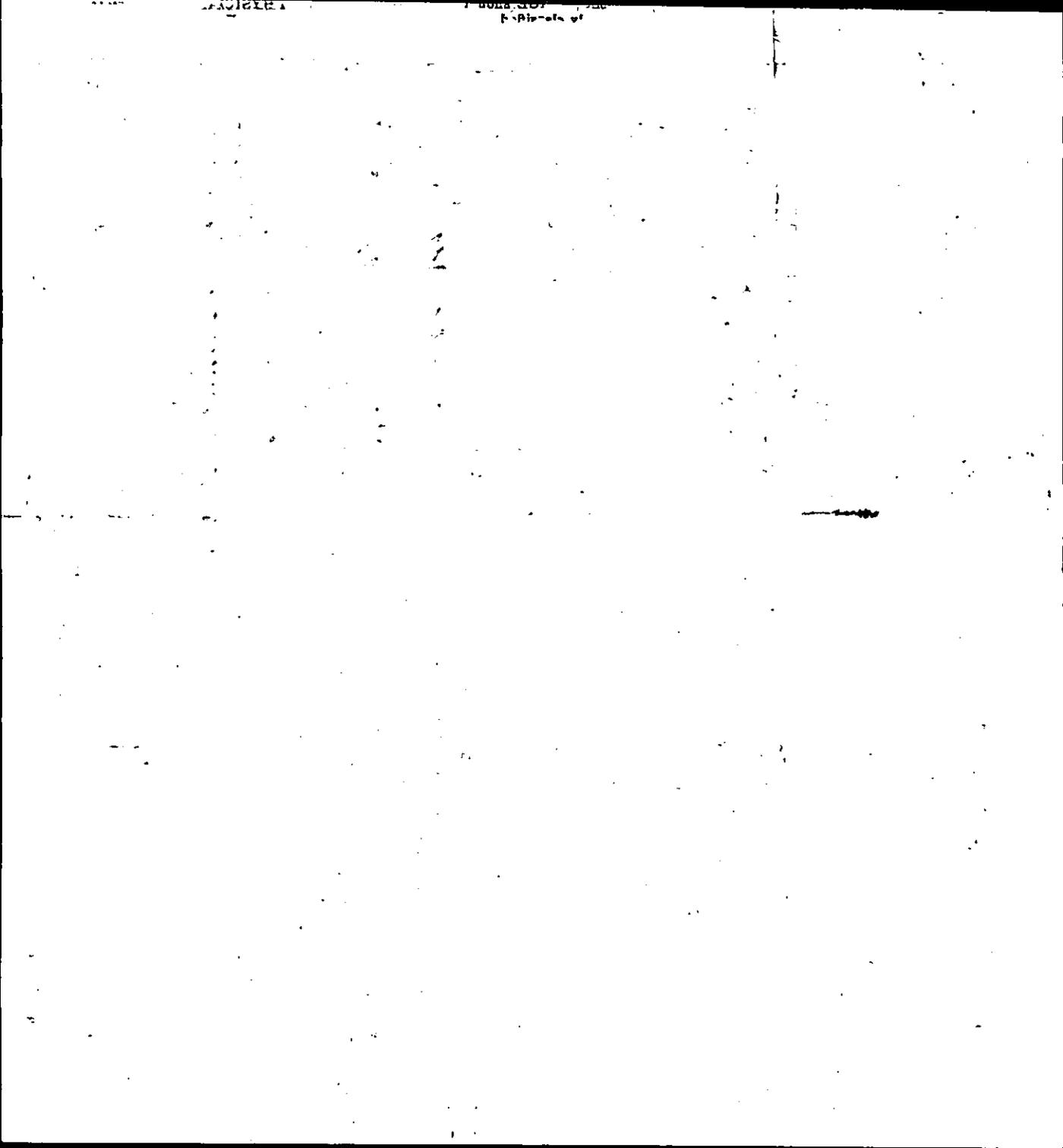
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Port Hudson* DATE OF BURIAL *5-6 1928*

20. URBERTAKER *L. B. Nestey* ADDRESS *New Haven Mo*

Exact statement of OCCUPATION is very important.

7



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 300 File No.
 Township Ligon Primary Registration District No. 5417 Registered No. 10
 City (No.) St. Ward

2. FULL NAME

Mrs Emma Nething
 (a) Residence. No. St. Ward, (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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 19 28

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

17. I HEREBY CERTIFY That I attended deceased from 19....., 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

18. WHERE WAS DISEASE CONTRACTED

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS.....

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

(Signed)....., M. D.

, 19 (Address)

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 7/23 1928 J. H. Matthews REGISTRAR

20. UNDERTAKER ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated techniques. The goal is to ensure that the information gathered is both reliable and comprehensive.

The third part of the report details the results of the analysis. It shows a clear upward trend in the data over the period studied. This suggests that the current strategies being implemented are effective and should be continued.

Finally, the document concludes with a series of recommendations for future actions. These include further refining the data collection process and exploring new opportunities for growth. The author believes that with continued effort, the organization can achieve its long-term goals.