

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

Do not use this space.

16994

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 534
 City Mt Washington (No. 534, Arlington)
 File No. _____
 Registered No. 191
 St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 12 - 1869

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
59 | 1 | 1 | _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ann Arbor
 (STATE OR COUNTRY) Mich.

10. NAME OF FATHER John Nickson

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

12. MAIDEN NAME OF MOTHER Caroline Goodenough
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ann Arbor
 (STATE OR COUNTRY) Mich.

14. Informant Dr. C.S. Gillmor
 (Address) Fairmont Mo

15. FILED 572518 1928 F.L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 - 1928

17. I HEREBY CERTIFY, That I attended deceased from _____
1/1 1928, to 5/13 1928.
 that I last saw him alive on 5/13 1928, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis resulting in
3rd Cardiac Failure
1st Nephritis (Parenchymatous)
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9013
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Gillmor, M. D.

Address Fairmont 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

Mt Washington May 15 1928

20. UNDERTAKER ADDRESS

Mrs. E. L. Forster 918 Brookly

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

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.

