

29581-a

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

29581-a

## 1. PLACE OF DEATH

County Wright  
 Township mtu Grove  
 City mtu Grove, mo. P.O.

Registration District No. 908  
 Primary Registration District No. 6322

File No. \_\_\_\_\_  
 Registered No. 5785  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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)

married.

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

-marion absher

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

Nov. 12<sup>th</sup> 1870

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.

57

8

24

## 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)

Bloomfield

(STATE OR COUNTRY)

Ind.

## 10. NAME OF FATHER

Nathan Workman

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Bloomfield

(STATE OR COUNTRY)

Ind.

## 12. MAIDEN NAME OF MOTHER

Martha A. Combs

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bloomfield

(STATE OR COUNTRY)

Ind.

## 14.

INFORMANT

(Address)

Marion absher  
 mtu Grove mo. P.O.

## 15.

FILED

11/15-20

THOMAS A. CUNELING  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

August 6 1928

## 17.

WE HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_,  
 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:

chronic interstitial  
 nephritis

131

## CONTRIBUTORY (SECONDARY)

## 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?

chemical

(Signed)

R. A. Ryan, M. D.

9/8

1928 (Address)

mtu Grove

\*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

Thomas Cunelung

8/8 1928

## 20. UNDERTAKER

## ADDRESS

Ella J. Bouldin

Norwood 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.

