

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

Do not use this space.

30974
306

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township North Yemora North Primary Registration District No. 3633
City (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah A. Nece

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2nd 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. H. Atwater
M. B. Nece

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1927 to Sept. 1, 1928
that I last saw her alive on Sept. 1, 1928, and that death occurred, on the date stated above, at 2:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27-1851

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
1290 101
more than 2 yrs. mos. ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 3 5

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer _____

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

9. BIRTHPLACE (CITY OR TOWN) Lawrence Co
(STATE OR COUNTRY) Mo.

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

10. NAME OF FATHER William Bridges

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) P. A. Johnson, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Mary Collins

Sept 2, 1928 (Address) North Yemora Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

*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 Mrs. C. H. Jennings
(Address) Picher Okla

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brick Church DATE OF BURIAL Sept 3 1928

15. Oct 10 28 FILED 1928 W. D. Hiltner REGISTRAR

20. UNDERTAKER Geo B. De ADDRESS 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.

