

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

Do not use this space.

32551

1. PLACE OF DEATH

County Vernon Registration District No. 873
Towship Washington Primary Registration District No. 6162
City Nevada (No.) St. Ward

File No. 9
Registered No. 219

2. FULL NAME

(a) Residence. No. State Hosp - 3 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 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 married (write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
49

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)

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT State Hosp Record (Address) Nevada Mo

15. FILED 9/16 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-22 1928

17. I HEREBY CERTIFY that I attended deceased from June 30 1928 to Sept 23 1928 and that I last saw him alive on Sept 22 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

83
213
General Paralysis of Insane (duration) 6 yrs. 6 mos. 6 da.
CONTRIBUTORY (SECONDARY) Syphilis
unknown (duration) ... yrs. ... mos. ... da.

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

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

19. WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) E. T. Coan, M. D.
9-23, 1928 (Address) Nevada 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 State Hospital Cemetery DATE OF BURIAL Oct. 2 1928

20. UNDERTAKER Allen V. Hays, Nevada, Mo. ADDRESS

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.

