

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

Do not use this space.

34014

1. PLACE OF DEATH

County Jefferson
Township Shoachen
City Crystal City (No.)

Registration District No. 431
Primary Registration District No. 0-5-75

File No.
Registered No. 91 St. Ward)

2. FULL NAME

Nellie C. Palmer

(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

2. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 12 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 | 5 | 22 | | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Cape County

10. NAME OF FATHER Jacob Ytaly.

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

12. MAIDEN NAME OF MOTHER N. Winkler

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

14. INFORMANT Thomas Palmer.
(Address) Crystal City Mo.

15. FILED 10/15/28 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Oct 4, 1928, and that I last saw h.er alive on Oct 4, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis and Valvular Incompetence
90% unknown (duration) yrs. mos. ds.
CONTRIBUTORY Chronic Bronchitis (SECONDARY) unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF...
DID AN OPERATION PRECEDE DEATH? No DATE OF...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Rutledge, M. D.
10/5, 1928 (Address) Crystal City 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 Festus Mo. DATE OF BURIAL Oct 6 1928

20. UNDERTAKER Quester & Vineyard Festus Mo. ADDRESS

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.

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 not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author provides a detailed breakdown of the company's revenue streams. This includes sales from various product lines and services. The analysis shows that while one product line is currently the primary source of income, there is significant potential for growth in other areas.

The third section focuses on the company's operational costs. It identifies the major expense categories and suggests ways to optimize spending. For example, renegotiating contracts with suppliers and improving inventory management can lead to substantial cost savings.

Finally, the document concludes with a summary of the overall financial performance. It highlights the company's strengths and areas for improvement. The author expresses confidence in the company's future prospects, provided that the recommended strategies are implemented effectively.