22 1928

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.

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

Do not use this space.

34014

File No. .....

Registered No. 91

1. PLACE OF DEATH

County: Jefferson — Registration District No. 431

Township: Joachim — Primary Registration District No. 0575

City: Crystal City (No. ....., ... 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

3. 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 73 — Months 5 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

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

PARENTS

10. NAME OF FATHER: Jacob Yealy.

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

12. MAIDEN NAME OF MOTHER: N. Winkler

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

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

15. FILED Oct 15 1928 J. E. Pettiejohn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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, that I last saw her alive on Oct 4 30, 1928, and that death occurred, on the date stated above, at 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis and Valvular incompetence 1000

Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

Unknown (duration) ..... yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. L. Burnsworth, M. D.

Oct 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: Duerster & Vinyard — ADDRESS: Festus Mo.

V. S. No. 2.