31 1928

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

Do not use this space.

37695

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 119

Township — Primary Registration District No. 4363 — Registered No.

City Neosho (No. Sale Hospital St. Ward)

2. FULL NAME Acuma Nalley

(a) Residence. No. Rural Route 3 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 1917

7. AGE: Years 11 — Months 2 — Days 23 — If LESS than 1 day, hrs. or min.

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Nalley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Eva Gibson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Georgia

14. INFORMANT John Nalley
(Address) Neosho Mo

15. FILED 12-10 1928 C. E. Maness, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1928, to Nov 20, 1928, that I last saw her alive on Nov 20, 1928, and that death occurred, on the date stated above, at 2:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121A Peritonitis
129
117A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangrenous Appendicitis
(duration) yrs. mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 17
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Operation
(Signed) [signature], M. D
11-20, 1928 (Address) Neosho 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~~: Gibson Cemetery — DATE OF BURIAL: Nov 21 1928

20. UNDERTAKER: Bigham's — ADDRESS: Neosho

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.