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

Do not use this space.

1341

File No. 430

Registered No.

1. PLACE OF DEATH

County: Howell

Township: Noble

City: (No. ..... St. ..... Ward)

Registration District No. 384

Primary Registration District No. 55-35

2. FULL NAME: Nora May Jolliff

(a) Residence. No. Oregon Co. Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. T. Jolliff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 - 1898

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	6	19	

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):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Rover
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: C. R. Redbourn

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

12. MAIDEN NAME OF MOTHER: Mary A. Vaughn

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

14. INFORMANT: Bessie Converse
(Address): Rover Mo.

15. FILED 1-15-29 O. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 10, 1929, that I last saw h. alive on Jan 12, 1929, and that death occurred, on the date stated above, at 3 30 17 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypernephroma of Kidney with metastases to lungs, at human 57th week.

550 (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Claude Bohner, M. D.

1-10-, 1929 (Address) West Plains 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: Oregon Co. - Redmond Cemetery

DATE OF BURIAL: 1-16-1929

20. UNDERTAKER: Vernie Squires acting

ADDRESS: Bell 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.

1 22 1929

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