

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

Do not use this space.

2385-8

3

**1. PLACE OF DEATH**

County McDonald Registration District No. 1149  
 Township Pineville, Mo. Primary Registration District No. 5698  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2

**2. FULL NAME**

Virta Ellen Mc Nabbs

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 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) Sept 12, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 4 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St Paul, Neb.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Thompson Mc Nabbs

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

12. MAIDEN NAME OF MOTHER Rusian Curry

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

14. INFORMANT Mrs J. C. Howell  
 (Address) Pineville, Mo.

15. FILED 1/19, 1929 Lee O. Carnell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/18, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1929, to Jan 18th, 1929, that I last saw her alive on Jan 15, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia, Bronchitis  
11 days (duration) yrs. mos. ds.  
9/18

CONTRIBUTORY (SECONDARY) Influenza and Chronic Rheumatoid Arthritis  
 (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) M. H. Hutton, M. D.  
 , 19 (Address) Pineville, 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 Peculiar Cemetery DATE OF BURIAL 1/21, 1929

20. UNDERTAKER Lee O. Carnell ADDRESS Pineville, 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.

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PARENTS

