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

Do not use this space.

30807

File No. 3830

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City KC, MO (No. 1822 Woodland St. Ward)
Registration District No. 399
Primary Registration District No. 1000

2. FULL NAME Nora Books
(a) Residence. No. 1822 Woodland 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 Fe Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1856

7. AGE 73 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

PARENTS
10. NAME OF FATHER Chas Clinkscale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO. Va.
12. MAIDEN NAME OF MOTHER Mary Dipp.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Charles Clinkscale
(Address) 1822 Woodland

15. FILED 9/11, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1924, to Sept 9, 1929 that I last saw her alive on Sept 9, 1929, and that death occurred, on the date stated above, at 9:35 a.m.

46B
46E

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gall Bladder + Duodenum
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44B
(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? Physical + Lab. Exams
(Signed) W. H. Bruce, M.D.
9-11-, 1929 (Address) 1518 E. 18th St.

*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 Trenton, MO.
DATE OF BURIAL 9/12 1929

20. UNDERTAKER Wm. Appleton & Sons
ADDRESS 1600 E. 19th St.

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.

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