

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

Do not use this space.

34497

1. PLACE OF DEATH
County Montgomery Registration District No. 5-91
Township 4-149 Primary Registration District No. 4-149
City Middletown (No.) St. Ward

2. FULL NAME Nellie Ruth Angel
(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. 2 mos. 5 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1st. 1929

7. AGE YEARS 2 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Pike, County Missouri

10. NAME OF FATHER James Asa Angel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Elizabeth Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Missouri

14. INFORMANT Asa Angel
(Address) Middletown Mo.

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct. 5th 19 29, to Oct. 5th 19 29, that I last saw her alive on Oct. 5th 19 29, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carlton Monixide
poisoning while riding
in an automobile.
178B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 181 (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

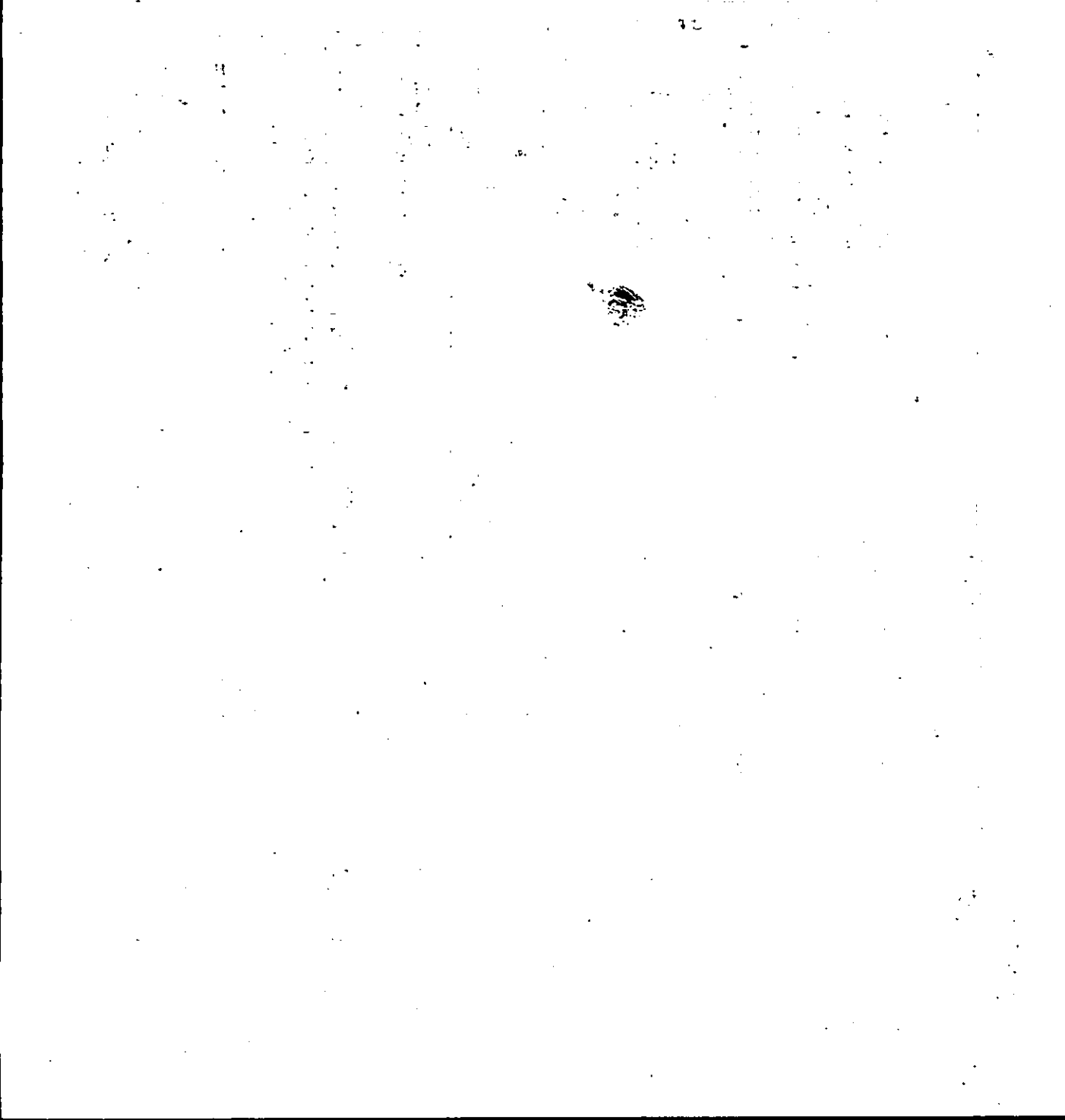
WHAT TEST CONFIRMED DIAGNOSIS History of case

(Signed) A. Birch M. D.
on Oct. 5 19 29 (Address) Middletown 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 Middletown Cemetery DATE OF BURIAL 10-6 19 29

20. UNDERTAKER Jones & Wells ADDRESS Middletown Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Montgomery
Township Middletown
City Middletown (No.)

Registration District No. 5-91
Primary Registration District No. 4-349

File No.
Registered No.
St. Ward

2. FULL NAME

Nellie Ruth Angel

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Pike Co, Mo

10. NAME OF FATHER James Asa Angel

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

12. MAIDEN NAME OF MOTHER Mary Elizabeth Watson

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

14. INFORMANT Asa Angel
(Address) Middletown Mo.

15. FILED 11/2, 1929 M. Davidson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 - 1929

17. I HEREBY CERTIFY that I attended deceased from Oct 3 1929 to Oct 3 1929 that I last saw him alive on Oct 5 1929, and that death occurred, on the date stated above, at 9 8 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carbon monoxide poisoning while riding in an automobile
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? History of case

(Signed) D. Hirsch, M. D.

Oct 6, 1929 (Address) Middletown 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 DATE OF BURIAL

Middletown Cemetery 10-6 1929

20. UNDERTAKER ADDRESS

Jones & Wells Middletown Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR COPIES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

1929
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