

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

Do not use this space.

127

2

**1. PLACE OF DEATH**

County Rollins Registration District No. 69  
Township Wayne Primary Registration District No. 5708  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

Aline Nevels  
(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. 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) April 12 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 3 29

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) (STATE OR COUNTRY) MO.

10. NAME OF FATHER Ernest B. Nevels

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

12. MAIDEN NAME OF MOTHER Ella Kirkpatrick

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

14. INFORMANT E. C. Nevels  
(Address) Advance MO

15. FILED 2-8 1930 A. P. Kirkpatrick REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1929, to Jan 11, 1930, and that I last saw him alive on Jan 11, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Interia 24  
1250  
(duration) yrs. mos. ds.

CONTRIBUTORY Malair, Subcutaneous (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT A PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS no  
(Signed) A. P. Kirkpatrick M. D.  
, 19 (Address) Galua 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 Bluffs Park Bur. DATE OF BURIAL 1-13 1930

20. UNDERTAKER Wilho Nevel ADDRESS Advance 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.

intermittent

Intermittent