

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.

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

11968

20 1930

1. PLACE OF DEATH

County Cass
Township Dewitt
City Dewitt (No.)

Registration District No. 136
Primary Registration District No. 5194

File No.
Registered No. 4
St. Ward)

2. FULL NAME

Nora B Jones
(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-17-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 — 9

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) Dewitt
(STATE OR COUNTRY)

10. NAME OF FATHER O. B. Givern

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Keuffner

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

14. INFORMANT Mrs Lucy J. Koors
(Address) Dewitt Mo

15. FILED 4/28 1930 Calvin Fishers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-15, 1930, to 2-25, 1930, that I last saw her alive on 2-25, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder
53B

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 49

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Eugene P. Hamilton, M. D.
, 19 30 (Address) 602 Ogyl Blvd Kansas City 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
Evergreen Ceme. Dewitt Mo 4/28 1930

20. UNDERTAKER ADDRESS
Wheeler Funeral Home Dewitt Mo

