

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.

JUN 27 1930

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

Do not use this space.

17062

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. Woodland Hospital)

File No. _____
Registered No. 336
St. _____ Ward _____

2. FULL NAME

Bezulah Myrtle Nagler
(a) Residence No. Huntsville, Mo. 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) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Nagler

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17, 1879

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
51 4 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(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) Don't know

10. NAME OF FATHER Hodge Owens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Bettie Myers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Thomas Nagler
(Address) Huntsville, Mo.

15. FILED May 24, 1930 Dr. Geo. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1930 to May 19, 1930. that I last saw her alive on May 19, 1930, and that death occurred, on the date stated above, at 7:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized carcinoma of abdomen, probably originating in sigmoid

(duration) yrs. mos. ds. ?
CONTRIBUTORY (SECONDARY) 40C
53E (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Huntsville, Mo.
IF NOT AT PLACE OF DEATH Huntsville, Mo.

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF April 22, 1930

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) R. D. Streeton, M. D.
5-21, 1930 (Address) Moberly, 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 Huntsville Cemetery DATE OF BURIAL May 21, 1930

20. UNDERTAKER Andrew Minor ADDRESS 520 W. Rollin Moberly, Mo.

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