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

Do not use this space.

19968

1. PLACE OF DEATH
County Livingston
Registration District No. 508
File No.
Township
Primary Registration District No. 3026
Registered No. 193
City Shillicothe (No. St. Ward)

2. FULL NAME Mrs Mary Ann Nothnagle
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29. 1858.

7. AGE: Years 71 | Months 7 | Days 10 | 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) Ohio.

PARENTS
10. NAME OF FATHER Fred. Wagner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Mary Wertz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Don Shop Man.
(Address) Shillicothe Mo.

15. FILED 6/11, 1930 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to June 9, 1930 that I last saw her alive on June 9, 1930, and that death occurred, on the date stated above, at 7:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
110
130
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute nephritis
(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 signs
(Signed) M. M. Russell M.D., M. D
June 9, 1930 (Address) Shillicothe 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: Edgewood Cemetary
DATE OF BURIAL: Jan. 11. 1930

20. UNDERTAKER: R. M. Marshall
ADDRESS: Shillicothe Mo.