

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

Do not use this space.

22664

1. PLACE OF DEATH  
 County Howard, Registration District No. 378  
 Township..... Primary Registration District No. 4222  
 City Fayette, (No.....) St. .... Ward)

File No.....  
 Registered No. 86

2. FULL NAME Nora Belle Tindall.  
 (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) Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/21 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
39 II 19

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) Missouri.  
 (STATE OR COUNTRY)

10. NAME OF FATHER James W. Wayland.

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

12. MAIDEN NAME OF MOTHER Nancy Emma Grigsby.

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

14. INFORMANT Mrs Kring Todd,  
 (Address) Fayette, Mo.

15. FILED 7/20 1930 V. C. Bonham  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/10/30 19

17. I HEREBY CERTIFY, That I attended deceased on July 10, 1930, to July 10, 1930, 19 that I last saw him alive on July 10, 1930, and that death occurred, on the date stated above, at 6:2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Cholangitis  
12 1/2  
127 B

(duration) ..... yrs. .... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cholelithiasis

(duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 127 B

IF NOT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-9-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) W. B. ..., M. D.

, 19 (Address) Fayette, 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 City Cemetary 7 II 30

DATE OF BURIAL

19

20. UNDERTAKER Guy T. Hailey, Fayette, Mo.

ADDRESS

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.

AUG 26 1930

