

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.

OCT 28 1930

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

Do not use this space.

29453

1. PLACE OF DEATH

County Cole
Township Monroe
City Russellville (No. _____)

Registration District No. 217
Primary Registration District No. 4130

File No. 26
Registered No. 4130
St. _____ Ward _____

2. FULL NAME

(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 George Nitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 25

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) Strungtown
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Andy Weber

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

12. MAIDEN NAME OF MOTHER Hoffman

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

14. INFORMANT Lizzie Nitz
(Address) Russellville Mo

15. FILED 23 Sept 30 Hugh L. Embree
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1930

17. HEREBY CERTIFY, That I attended deceased from Aug 1, 1930 to Sept 23, 1930 that I last saw h. in alive on Sept 19, 1930 and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

129 a (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 a
IF NOT AT PLACE OF DEATH

17. DID AN OPERATION PRECEDE DEATH. DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. L. Leslie M.D.
. 19 (Address) Russellville, 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 Russellville Luth. Cem DATE OF BURIAL 9/24/1930

20. UNDERTAKER Schubert Mason Co ADDRESS Russellville Mo.

