

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

Do not use this space.

NOV 28 1930

35178

1. PLACE OF DEATH

County Vernon
Township Washington
City (No.) (No.) St. Ward)

Registration District No. 875
Primary Registration District No. 6/62

File No.
Registered No. 229

2. FULL NAME Louisa Nowles

(a) Residence. No. State Hospital # 3 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 08 6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Canvassed for fruit trees
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER ?
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY)

14. INFORMANT State Hospital # 3
(Address) Nevada mo.

15. FILE 10/14/30 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930, to October 7, 1930, that I last saw her alive on October 7, 1930, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C ch. myocarditis
162 (duration) 3 yrs. + mos. + ds.
CONTRIBUTORY Senile Degeneration
(SECONDARY) (duration) 3 yrs. + mos. + ds.

18. WHERE WAS DISEASE CONTRACTED 900B
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. Sneydoff M. D.

Oct 7, 1930 (Address) State Hospital # 3

*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 State Hospital # 3 DATE OF BURIAL Oct 1, 1930

20. UNDERTAKER James James ADDRESS State Hospital # 3

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.

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