

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

Do not use this space.

25942

1. PLACE OF DEATH

County Cutler
Township Union
City Unionville (No. 5947)

Registration District No. 716
Primary Registration District No. 6190

File No. _____
Registered No. 423
St. _____ Ward _____

2. FULL NAME

Francis Marion Nowal

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Nowal

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1849

8. AGE YEARS 87 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. _____ min. _____

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer (Retired)

10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. Farm

11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) Jan 1910 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Co Mo.

13. NAME Marion Nowal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Wm. Carl Van Buren (ADDRESS) unavailable no

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE July 17 '31

19. UNDERTAKER Comstock & Co (ADDRESS) unavailable no

20. FILED July 17 1931 J. H. Redman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1931

I HEREBY CERTIFY that I attended deceased from July 8 1931 to July 16 1931
I last saw him alive on July 7 1931 Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

930A
Mitral Regurgitation
Date of onset unknown

Other contributory causes of importance:
930A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide no Date of injury no, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place, home
Manner of injury fall
Nature of injury fractured

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) C. P. Montgomery, M. D.
(Address) Unionville Mo

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.

AUG 29 1931

42-8100-1