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.

JAN 19 1932

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

Do not use this space.

40420 ~~40330~~

1. PLACE OF DEATH
County Charlton — Registration District No. 175 — File No.
Township Musselfork — Primary Registration District No. 5250 — Registered No. 68
City (No. , St. Ward)

2. FULL NAME Nina Helen Stevenson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1918
7. AGE: YEARS 13 — MONTHS 4 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlton Co mo

FATHER
13. NAME Nova E. Stevenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlton Co mo

MOTHER
15. MAIDEN NAME Iva Pearl Bessey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlton Co mo

17. INFORMANT (ADDRESS) Nova E. Stevenson Marceline, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Corinth DATE Dec 2, 1931
19. UNDERTAKER (ADDRESS) Jas M Laughlin Marceline mo
20. FILED 12/1, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1931, to Nov. 24, 1931
I last saw her alive on 24th Nov., 1931 Death is said to have occurred on the date stated above, at 3:27 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 11/21/31
131
24A
93D
131

Other contributory causes of importance:
chronic myocardial failure
hypertension & chr. nephritis

Name of operation none Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) A H Damron, M. D.
(Address) 1 Bytesville mo.