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

Do not use this space.

1

1. PLACE OF DEATH
County Adair
Township
City Novinger MO (No. , St. Ward)
Registration District No. 2
Primary Registration District No. 4004
File No.
Registered No. 1

2. FULL NAME Elizebeth Inman.
(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 F
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 Allen Inman.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31 1871

7. AGE Years 60 Months 9 Days 2. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Lee Bozrarth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Minerva Rite
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO

14. INFORMANT Allen Inman
(Address) Novinger MO

15. FILED 1/4, 1932 J S Gaschwiler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1932

17. I HEREBY CERTIFY, That I attended deceased from June, 1930 to Jan 2, 1932 that I last saw her alive on Dec 1, 1931, and that death occurred, on the date stated above, at 6 (A) m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Nemolysis
(Signed) H T Garrison, M. D.
Jan 3, 1932 (Address) Novinger 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 Campbell Cemetery
DATE OF BURIAL Jan 4 1932

20. UNDERTAKER Llewellyn & Son
ADDRESS Novinger MO