

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

Do not use this space.

11794

1. PLACE OF DEATH  
 13 County Caldwell Registration District No. 94  
 2 Township ..... Primary Registration District No. 4056  
 3 City Breckenridge (No. ....) St. .... Ward) .....  
 2. FULL NAME Margaret Katherine Niman  
 (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.

File No. ....  
 Registered No. 10

MAY 23 1932

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 15 1932</u>		
7. AGE	YEARS	MONTHS
		<u>2</u>
		<u>11</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. _____ (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Pfeiffer Ark</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>John Niman</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Kan</u>	
	12. MAIDEN NAME OF MOTHER <u>Helen Williamson</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Breckenridge</u> (STATE OR COUNTRY) <u>MO</u>		
14. INFORMANT <u>Helen Williamson</u> (Address) <u>Breckenridge MO</u>		
15. FILED <u>Apr 26 1932</u> <u>E. W. Thompson</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 26 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-18, 1932, to Apr 21, 1932, and that I last saw her alive on 4-21, 1932, and that death occurred, on the date stated above, at 7-30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralysis Complete  
157A  
157A  
 (duration) yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) Spina Bifida and  
Hydrocephalus (duration) yrs. mos. ds. 30 born

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. ✓ (1)

DID AN OPERATION PRECEDE DEATH. no. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings  
 (Signed) E. W. Thompson, M. D.  
 (Address) Breckenridge 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 <u>Rose Hill Cemetery</u>	DATE OF BURIAL <u>Apr 27 1932</u>
20. UNDERTAKER <u>F. M. Beck Breckenridge MO</u>	ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

