

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

Do not use this space.

17056

**1. PLACE OF DEATH**

81 County Phelps Registration District No. 677  
 2 Township Rolla Primary Registration District No. 4403  
 4 City Rolla (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lois Nall

(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 Female 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 A.H. Nall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 189 Aug 3, 1888

7. AGE	YEARS	MONTHS	DAYS	OF LESS than 1 day, _____ hrs. or _____ min.
	<u>43</u>	<u>8</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Clinton 2  
 (STATE OR COUNTRY) Ky

FATHER 13. NAME Marion Roberts

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Emma Kx Roberts

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ky

17. INFORMANT A.H. Nall, Rolla, Mo  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Clinton Ky  
 PLACE DATE May 23, 1932

19. UNDERTAKER Null and Licklider  
 (ADDRESS) Rolla, Mo

20. FILED May 21, 1932 Jos. F. Ayers  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1932 to 5-20, 1932  
 I last saw him alive on 5-20, 1932 Death is said to have occurred on the date stated above, at 12 P. m.  
 The principal cause of death and related causes of importance were as follows:

Appendicitis  
12/12  
12/12  
 Other contributory causes of importance: none

Name of operation Appendectomy Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. J. Farland, M. D.  
 (Address) Rolla 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.

94 1932

