

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.

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

Do not use this space.

31942

**1. PLACE OF DEATH**

31 County Gasconade Registration District No. 305  
 Township Carman Primary Registration District No. 5422  
 City Owensville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 29

**2. FULL NAME** Nora Francis Trained

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 (If nonresident, give city or town and State)

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. T. Trained</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21 1889</u>		
7. AGE YEARS <u>42</u>	MONTHS <u>9</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235 23A</u>		
10. Date deceased last worked at this occupation (month and year)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Oct 16 1932  
 I last saw her alive on Oct 14 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
tubercular hepatitis  
 Date of onset 1930

Other contributory causes of importance:  
①

12. BIRTHPLACE (CITY OR TOWN) Sturgeon, Mo.  
 (STATE OR COUNTRY) Andrew Co.

13. NAME W. H. McDonald

14. BIRTHPLACE (CITY OR TOWN) Sturgeon  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Francis McDonald

16. BIRTHPLACE (CITY OR TOWN) Sturgeon  
 (STATE OR COUNTRY) Missouri

17. INFORMANT F. T. Trained  
 (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Lake, Kan DATE 10-18 1932

19. UNDERTAKER Sam L. Hester  
 (ADDRESS) Belle 2nd

20. FILED 11-2 1932 J. F. Kerrell  
 Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_  
F. T. Trained

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?  
 If so, specify \_\_\_\_\_  
 (Signed) M. E. Spurgeon, M. D.  
 (Address) P.O. Box 7 Third Mo.

