

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

Do not use this space.

34918

**1. PLACE OF DEATH**

12 County Rutler Registration District No. 90  
Township Oak Hill Primary Registration District No. 37340  
City Bronley (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 26

**2. FULL NAME**

Nellie Mayberry  
(a) Residence, No. Bronley, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Albert Mayberry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 2 1887</u>		
7. AGE # YEARS <u>43</u>	MONTHS <u>8</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
	10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) Salena, Mo. (STATE OR COUNTRY) Mo.

13. NAME Thomas Abney

14. BIRTHPLACE (CITY OR TOWN) Salena, Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Harriett Stalley

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

17. INFORMANT Albert Mayberry (ADDRESS) Bronley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mole Hill DATE Nov. 27 1932

19. UNDERTAKER Green Undertaking Co. (ADDRESS) Capitan Bluff, Mo.

20. FILED 11-27-1932 Nora G. Smith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-22- 1932 to 11-26- 1932

I last saw her alive on 11-23- 1932 Death is said to have occurred on the date stated above, at 7:15 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1921

23A

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ 1932

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. Crump M. D.

(Address) Bronley, 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.

JAN 7 1933

