

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

Do not use this space.

35367

39

1. PLACE OF DEATH

County **greene**
Township **Wilson**
City (No. _____) _____

Registration District No. **317**
Primary Registration District No. **5442**

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME TELITHA. FRANCES. McNATT

(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 **MARRIED**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **WIFE OF L.A. McNATT**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept, 9th 1867**

7. AGE YEARS **65** MONTHS **2** DAYS **15** IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House work**
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) **MISSOURI** (STATE OR COUNTRY) _____

13. NAME **MILFOR. P. NORMAN**

14. BIRTHPLACE (CITY OR TOWN) **DONT KNOW** (STATE OR COUNTRY) _____

15. MAIDEN NAME **MARY. O. PERKINS**

16. BIRTHPLACE (CITY OR TOWN) **MISSOURI** (STATE OR COUNTRY) _____

17. INFORMANT **E. M. Mc Natti** (ADDRESS) **Brookline Ave. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Brooklyn Cem.** DATE **11-27** 1932

19. UNDERTAKER **R. E. G. ...** (ADDRESS) **...**

20. FILED **11/25** 1932 **W. W. Shower** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24** 1932

22. I HEREBY CERTIFY, That I attended deceased from **Nov-6-** 1932, to **Nov 24** 1932
I last saw her alive on **Nov-23-** 1932 Death is said to have occurred on the date stated above, at **2 A.** m.

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

Rupture of heart Date of onset **11/24-32**
93 C
95 B **93 C**
Other contributory causes of importance: **Fatty degeneration of heart** **1/1-32**

Name of operation **None** Date of _____
What test confirmed diagnosis? **Clinical** 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 _____, 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? **No**
If so, specify _____

(Signed) **E. M. Le Compt** M. D.
(Address) **Brookline Ia 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.

