

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.

~~FEB 2 1933~~
MAR 2 1933

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

Do not use this space.

2425

1. PLACE OF DEATH

69 County Monroe
Township Union
City Madison (No. _____)

Registration District No. 580
Primary Registration District No. 5777

File No. _____
Registered No. 237
St. _____ Ward _____

2. FULL NAME

Nora Irene Van Buren

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Van Buren</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8/17/1883</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>3</u>
		DAY
		<u>29</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>at home</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1933 to 1/11 1933

I last saw her alive on 1/11 1933 Death is said to have occurred on the date stated above, at 10 P.M.

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

93D

Myocarditis

Other contributory causes of importance: 93D

Name of operation None Date of _____

What test confirmed diagnosis Chenignat's as follows _____

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) Smith, M. D.
(Address) Moberly, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Ill.</u>
	13. NAME <u>Andrew Farris</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	15. MAIDEN NAME <u>Laura E. Treasurer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	17. INFORMANT <u>Mrs. John Owen</u> (ADDRESS) <u>506 Vermont, Quincy</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>1/15</u> 19 <u>33</u>
	19. UNDERTAKER <u>H. A. Thompson</u> (ADDRESS) <u>Madison, Mo.</u>
	20. FILED <u>1/12 1933</u> <u>C. C. Proctor</u> Registrar

