

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

Do not use this space.

12979

1. PLACE OF DEATH

County Greene Registration District No. 38
 Township Campbell Primary Registration District No. 2001
 City Wiley (No. Baptist Hospital) St. _____ Ward _____

2. FULL NAME

Ch. Mrs. Effie Nellman
 (a) Residence, No. Willow Springs Mo. St. Ward _____
 (Usual place of abode)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. H. P. Cox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1887</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>11</u>
	DAY <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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.	<u>house</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) (STATE OR COUNTRY) <u>Milan, Sullivan County, Missouri</u>		
FATHER	13. NAME <u>Mr. G. W. Fitzgerald</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Miss Elizabeth Nitter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Mr. H. P. Cox - Willow Springs Mo</u>		
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Willow Springs</u> DATE <u>April 18, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>T. P. Burns - Willow Springs, Mo</u>		
20. FILED <u>4-17, 1933</u> <u>Ralph W. Langston</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1933 to Apr 16, 1933
 I last saw her alive on Apr 16, 1933. Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:

General Peritonitis

12/13 / 21 / 129

Other contributory causes of importance:
Ruptured Appendix

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) Rollis Smith, M. D.
 (Address) Springfield 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.

MAY 22 1933

51309

OCCUPATION

FATHER

MOTHER

MARGIN RESERVED FOR BINDING

V. S. NO. 7.

