

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

Do not use this space.

15512

1. PLACE OF DEATH
 108 County Nevada Registration District No. 875
 Township Center Primary Registration District No. 3039
 City Nevada (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Nelle Montroif
 (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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. C. Montroif

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>57</u>	<u>2</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) (STATE OR COUNTRY) Nevada Co Mo

FATHER

13. NAME James H. Weese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Julia Unknown

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

17. INFORMANT (ADDRESS) C. C. Montroif Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park DATE April 16, 1933

19. UNDERTAKER (ADDRESS) Mary Eichinger Nevada, Mo

20. FILED 4/18, 1933 E. R. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1933, to 4/12, 1933
 I last saw h. alive on 4/12, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary embolism
angina pectoris
 Other contributory causes of importance: _____
 Date of onset: 4/6/33

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 _____, 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) J. V. Hornboach, M. D.
 (Address) Nevada Mo

Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAY 24 1933

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