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

Do not use this space.

File No. 18765

Registered No. 10

1. PLACE OF DEATH
County: Adair
Registration District No.: 2
Township:
Primary Registration District No.: 4004
City: Novinger (No. ..... St. ..... Ward)

2. FULL NAME: Mable May Rodeay

(a) Residence. No. Novinger 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: Ada Rodeay

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 30 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Keeping home
(c) Name of employer: for father R.M. Ball

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green City Mo

PARENTS

10. NAME OF FATHER: R.M. Ball
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Elmwood Mo
12. MAIDEN NAME OF MOTHER: Nancy Jane Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Martinstown Mo

14. INFORMANT: R.M. Ball
(Address): Novinger Mo

15. FILED 6/6, 1933. J.S. Gashwiler, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 6 1933

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to June 6, 1933, that I last saw h~~im~~ alive on June 6, 1933, and that death occurred, on the date stated above, at 9:12 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

31 Chronic alcoholic nephritis
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3 yrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Tuberculosis of the media pericardita (duration) 3 yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J.S. Gashwiler M. D.
(Address) 6/6, 1933 Novinger Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Novinger Cemetery	June 7 1933
20. UNDERTAKER	**ADDRESS**
Newell Bros & Son	Novinger 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.

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