

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

Do not use this space.

19137

1. PLACE OF DEATH
 17 County Carroll Registration District No. 136
 Township Miami Primary Registration District No. 5204
 City (No.) St. Ward

2. FULL NAME Daniel M. Nomack
 (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.

File No.
 Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>2</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer

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) Adair Co. Mo.

13. NAME Harrison Nomack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

15. MAIDEN NAME Annie Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

17. INFORMANT D. M. Nomack
 (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Adair Co. Mo. DATE 6/24, 1933

19. UNDERTAKER Walter T. Taylor
 (ADDRESS)

20. FILED 6-23 1933 Calvin Pickens Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1933, to 6-22, 1933.
 I last saw him alive on 6/22, 1933. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Intestinal Apoplexy
 Date of onset 131

Other contributory causes of importance: 131

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) D. M. Rensen M. D.
 (Address) Carrollton Mo.

N. B.—Every item of information should be carefully checked. 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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