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.

AUG 26 1933

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

Do not use this space.

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1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No. 25447
Township Washington — Primary Registration District No. 6162 — Registered No. 156
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Dona Dollarhide
(a) Residence, No. State Hospital # 3 St. ..... Ward. (If nonresident, give city or town and State)
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. A. Dollarhide
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1877
7. AGE: YEARS 56 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): — mo

FATHER
13. NAME: F. Marion Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — mo

MOTHER
15. MAIDEN NAME: Mary Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — mo

17. INFORMANT (ADDRESS): State Hospital #3 Nevada, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermitage Mo DATE July 3, 1933
19. UNDERTAKER (ADDRESS): Marsh Eichinger Nevada Mo
20. FILED 7-24-1933 E. R. King, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to July 3, 1933
I last saw her alive on July 3, 1933. Death is said to have occurred on the date stated above, at 11:17 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
131 Ch. nephritis	?
130	
131	

Other contributory causes of importance:

Ch. myocarditis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) K. Sugetoff, M. D.
(Address) State Hospital #3