

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

Do not use this space.

32483

1. PLACE OF DEATH
 20 County bedard Registration District No. 163
 1 Township _____ Primary Registration District No. 4095
 2 City El Dorado Springs (No. _____) St. _____ Ward _____
 2. FULL NAME Maggie J. Nation
 (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) unmarried
 5A. IF MARRIED, WIDOWED, OR DIVORCED -HUSBAND OF (OR) WIFE OF Isaac Nation
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-13-1874
 7. AGE YEARS 88 MONTHS 6 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. at home
 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) Ind
 MOTHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Alvin C Wright
 (ADDRESS) Movich Haus
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Center DATE 10-11-1938
 19. UNDERTAKER Sherrill Sider
 (ADDRESS) El Dorado Springs
 20. FILED 19 14 19 38 J. H. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-14 19 38
 22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1938, to Oct 14 1938
 I last saw her alive on Oct 14 1938 Death is said to have occurred on the date stated above, at 5:10 p m.
 The principal cause of death and related causes of importance were/as follows:
Chronic enterocolitis
 Other contributory causes of importance: Uremia
 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) J. H. Dawson M. D.
 (Address) El Dorado Springs 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.

NOV 10 1938

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MARGIN RESERVED FOR BINDING

V. S. NO. 2

