

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

Do not use this space.
38924

1. PLACE OF DEATH

County Vernon
Township Washington
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 247 St. _____ Ward _____

2. FULL NAME

Mary G. Nissman
(a) Residence, No. State Hospital #3 St. Ward _____
(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. (If nonresident, give city or town and State)

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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 85 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME "

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

17. INFORMANT State Hospital #3 Nevada, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital #3 DATE 11/25 1933

19. UNDERTAKER Marsh Calkins
(ADDRESS) Nevada, Mo.

20. FILED 11-24 1933 E. R. King
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1908, to Nov 22, 1933

I last saw h. ex. alive on Nov 22, 1933. Death is said to have occurred on the date stated above, at 5:10 pm.

The principal cause of death and related causes of importance were as follows:

Ch. myocarditis
131
92C
15B
Other contributory causes of importance:
Ch. nephritis
Erysipelas leg
11/1/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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. Sneydoff, M. D.
(Address) State Hospital #3

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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