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.

JAN 26 1934

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

Do not use this space.

42277

1. PLACE OF DEATH Scott
County Richland
Township
City (No. St. Ward)

Registration District No. 821
Primary Registration District No. 6070

File No. 140
Registered No.

2. FULL NAME Nonnie B. Dodge
(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1878

7. AGE YEARS 55 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
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. House Wife
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) Charleston Mo

FATHER
13. NAME Robert Busby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Mingo Co.

MOTHER
15. MAIDEN NAME Alice Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co. Missouri

17. INFORMANT (ADDRESS) N. B. Busby Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo DATE Dec-10/33

19. UNDERTAKER (ADDRESS) T. A. Dempster Sikeston Mo

20. FILED 12/15/33 Nellie E. Kim
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-8-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Dec 8, 1933
I last saw her alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	
122A	Nov 12-33
99A	
122	

Other contributory causes of importance:

Strangulated hernia	Nov 12-33

Name of operation Herniotomy Date of 12/20/33
What test confirmed diagnosis? — 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) Fred Bondgraver, M. D.
(Address) Cairo Ill