

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

Do not use this space.

MAR 24 1934

18-13

1. PLACE OF DEATH

County Adair
Township
City Richville (No.)

Registration District No. 1
Primary Registration District No. 3001

File No.
Registered No. 131 (Ward)

2. FULL NAME

Margrett Louise Netterfield
(a) Residence, No. 11010 W. Burton St. 2 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-9-1910</u>				
7. AGE	YEARS <u>23</u>	MONTHS <u>9</u>	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	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) <u>Pine Bluff, Wyoming</u>				
FATHER	13. NAME <u>James D. Netterfield</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
	15. MAIDEN NAME <u>Margrett Harmon</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
	17. INFORMANT <u>J. D. Netterfield</u> (ADDRESS) <u>11010 W. Burton Richville Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>2-1-</u> 19 <u>34</u>				
19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Richville Mo</u>				
20. FILED <u>Mar. 2, 1934</u> <u>Spencer Freeman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-30-1934 to 3-30-1934
I last saw her alive on 1-30-1934 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

<u>23A</u> <u>Tuberculosis of Lungs</u>	Date of onset
<u>Influenza</u>	

Other contributory causes of importance:

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 Psiph. O. Stickle M. D.
(Signed) _____ (Address) Richville Mo

WRITING 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.

