

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 30 File No. 23108
 Township _____ Primary Registration District No. 3003 Registered No. 51
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME Ms Hannah Alice Nordin

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. J. Nordin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>9</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>housewife</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland Ohio</u>	
FATHER	13. NAME <u>E. P. Arnold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Mary Harris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wrightstown Ohio</u>	
	17. INFORMANT (ADDRESS) <u>Ms Helen Seary Monett Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. O. P. Hewitt</u> DATE <u>July 22 1934</u>	
	19. UNDERTAKER (ADDRESS) <u>Callaway Monett Mo</u>	
	20. FILED <u>7-23-</u> 19 <u>34</u> <u>W. M. West</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1934

22. I HEREBY CERTIFY That I attended deceased from July 16 1934 to July 20 1934
 Last seen alive on July 20 1934 Death is said to have occurred on the date stated above, at 11:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Organic heart disease as stated in medical reports
 Other contributory causes of importance:
1930
1931
1932
1933
1934

Name of operation _____ Date of _____
 What was the condition of the body at the time an autopsy was made? _____

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 _____
 (Signed) H. J. Muller M. D.
 (Address) Monett Mo

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 17 1934 - 5 3 5

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