

DEC 12 1934

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

Do not use this space.

38594

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. 303 South 13th. St. St. _____ Ward _____)

File No. _____
Registered No. 1271

2. FULL NAME Nellie Gertrud Romano

(a) Residence, No. 303 South 13th. St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~Widowed~~
(OR) WIFE OF Charles. Romano

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 2 0

8. Trade, profession, or particular kind of work done, as spinner, 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) Fellmore,
(STATE OR COUNTRY) Missouri

13. NAME Daniel Davison

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nancy Noble

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

17. INFORMANT Chas. Romano
(ADDRESS) 303 S. 13th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem.
PLACE St. Joseph, Mo. DATE Nov. 20, 1934

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St. Joseph, Mo.

20. FILED 11-19 1934 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Mar. 18th, 1934 to Nov. 18th, 1934

I last saw her alive on Nov. 18th, 1934 Death is said
to have occurred on the date stated above, at 9:30Am.

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

Cerebral Embolism
Cardio Renal Disease

Other contributory causes of importance:

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) Alfred J. Imrey, M. D.(Address) 216 Phys. & Surg. Bldg.

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.

OCT 29 1956