

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

Do not use this space.

DEC 18 1934

40046

1. PLACE OF DEATH

County Marion
Township Wattson
City Hannibal

Registration District No. 547
Primary Registration District No. 13019
(No. of Evering Hospital)

File No. _____
Registered No. 62 338
St. _____ Ward _____

2. FULL NAME

Miss Myrtle Almond
(a) Residence, No. 202 Willow 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>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 <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 20, 1869</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>11</u>
	DAYS <u>2</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>Laundress</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) Audrain Co
(STATE OR COUNTRY) Missouri

13. NAME Clisba Almond

14. BIRTHPLACE (CITY OR TOWN) no data
(STATE OR COUNTRY) no data

15. MAIDEN NAME Mary Ann Parker

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

17. INFORMANT Miss Jennie Almond
(ADDRESS) 202 Willow, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Nov. 24, 1934

19. UNDERTAKER Wm M Smith
(ADDRESS) Hannibal Mo

20. FILED Nov 28, 1934 R. H. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1 1934, to Nov 22 1934
I last saw her alive on Nov 22, 1934 Death is said to have occurred on the date stated above, at 7:25 Am.

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

acute nephritis
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Cause of nephritis not known

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic 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) J. J. Sanchez _____, M. D.
(Address) Hannibal Mo

