

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

Do not use this space.

1. PLACE OF DEATH JAN 18 1935

County Jackson  
Township Ryan  
City Kennett Mo

Registration District No. 399  
Primary Registration District No. 1700  
1401 E 17th Street

File No. 43192  
Registered No. 5033  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lebira Louise Nelson

(a) Residence, No. 1401 E 17th 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 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Galip Palermo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 - 1856</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>28</u>
If LESS than 1 day, ..... hrs. or ..... min.		
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.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
13. NAME <u>Ruthie Louise</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
15. MAIDEN NAME <u>Unkown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
17. INFORMANT <u>Mary Mallett</u> (ADDRESS) <u>1401 E 17th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W St Marys</u> DATE <u>12/28 1935</u>		
19. UNDERTAKER <u>A Sells</u> (ADDRESS) <u>901 East 5th St</u>		
20. FILED <u>12/27 - 1935</u> M. M. <u>Crowe</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-14/34, 19....., to 12/26/34, 19.....  
I last saw her, alive on 12/14/34, 19..... Death is said to have occurred on the date stated above, at 5:45 m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
942  
942  
Other contributory causes of importance:  
  
Name of operation none Date of 1/1  
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?.....  
If so, specify.....  
(Signed) Nathan Fogelin, M. D.  
(Address) 402 E 9th St

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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