

FEB 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township
City Clarkton (No. _____)

Registration District No. 284
Primary Registration District No. 5408
4168

File No. 778
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Pauline Noisworthy

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Noisworthy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 — 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) June 1930 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylorville Ind

13. NAME Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Unknown

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

17. INFORMANT Delia Harrison (ADDRESS) Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Not buried DATE 1-21 1935

19. UNDERTAKER Paul Bullard (ADDRESS) Clarkton Mo

20. FILED 1-20 1935 J. B. Steinmetz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20, 1935

22. I HEREBY CERTIFY, That: I attended deceased from 1-5, 1935, to 1-20, 1935

I last saw her alive on 1-20, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

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

Myocarditis
9 1/2
Date of onset 1-3-35

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? no
If so, specify _____

(Signed) J. B. Steinmetz, M. D.
(Address) Clarkton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

25
4
1

205

2

2

2

