

SEP 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County VernonRegistration District No. 875

Township

Primary Registration District No. 3039City Neveda

(No. _____)

28512

File No. _____

Registered No. 164

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. Jane Teal St. 1 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Edward Teal

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

Aug 22 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6600

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Wife

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)

Jefferson City Missouri

FATHER

13. NAME

Elega Meadows

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

Unknown

MOTHER

15. MAIDEN NAME

Not Known

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

Not Known

17. INFORMANT (ADDRESS)

Emmett Teal Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL

Neveloy Cemet Sept 1 1935

19. UNDERTAKER (ADDRESS)

Terry Funeral Home Nevada Mo

20. FILED

Sept 16 1935 M. E. Cichinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

1935 to 29 Aug 30 1935I last saw her alive on Aug 30 1935 Death is said

to have occurred on the date stated above, at _____ m.

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

Chr. interstitial nephritis Date of onset _____Uremia

Other contributory causes of importance:

Periculous anemia 1929Name of operation None Date of _____What test confirmed diagnosis laboratory 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. H. King, M. D.(Address) Nevada, Mo.

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.

