

OCT 23 1935

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

Do not use this space.

29319

1. PLACE OF DEATH

County Quincy
Township
City Spickard (No. _____)

Registration District No. 326
Primary Registration District No. 4196

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Namonia Nigh
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 11 19

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

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) Merced County Missouri

13. NAME Gus Nigh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merced County Missouri

15. MAIDEN NAME Flora Poppins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. Linburg Quincy County Mo

17. INFORMANT Paula Meek (ADDRESS) Spickard, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Sept 21 1935

19. UNDERTAKER Chas E. Schaefer (ADDRESS) Spickard, Mo

20. FILED Sept 21 1935 Rose G. Warner Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1935 to Sept 19 1935

I last saw him alive on Sept 19 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

Myocardial Infarction Date of onset _____

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? _____

If so, specify _____

(Signed) E. W. Ewing _____, M. D.

(Address) Spickard 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.

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6

OCCUPATION
FATHER
MOTHER

NO.	NAME	GRADE	STATUS	REMARKS
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APPROVED AND FORWARDED:
[Signature]
[Title]

DATE: [Date]