

MAR 18 1936

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

Do not use this space.

32278-1

1. PLACE OF DEATH

County Dade Registration District No. 287
Township center Primary Registration District No. 5623
City Greenfield St. _____ Ward _____

File No. 92
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nora Bell Yost
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 14

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.
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) Cedar County Mo

13. NAME Levi Fleeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County Mo

15. MAIDEN NAME Josie Ethard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County Mo

17. INFORMANT Ora Yost
(ADDRESS) Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield, Mo DATE 10 26 35

19. UNDERTAKER Funeral Home
(ADDRESS) Greenfield, Mo

20. FILED 3-14 1936 Geo R. Wray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1935 to 10/25, 1935

I last saw her alive on 10/25, 1935 Death is said to have occurred on the date stated above, at 8 p.m.

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

Bronchial Pneumonia

Other contributory causes of importance
Fracture of Right Hip - on Oct. 13 - 1935

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 _____, 1935
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

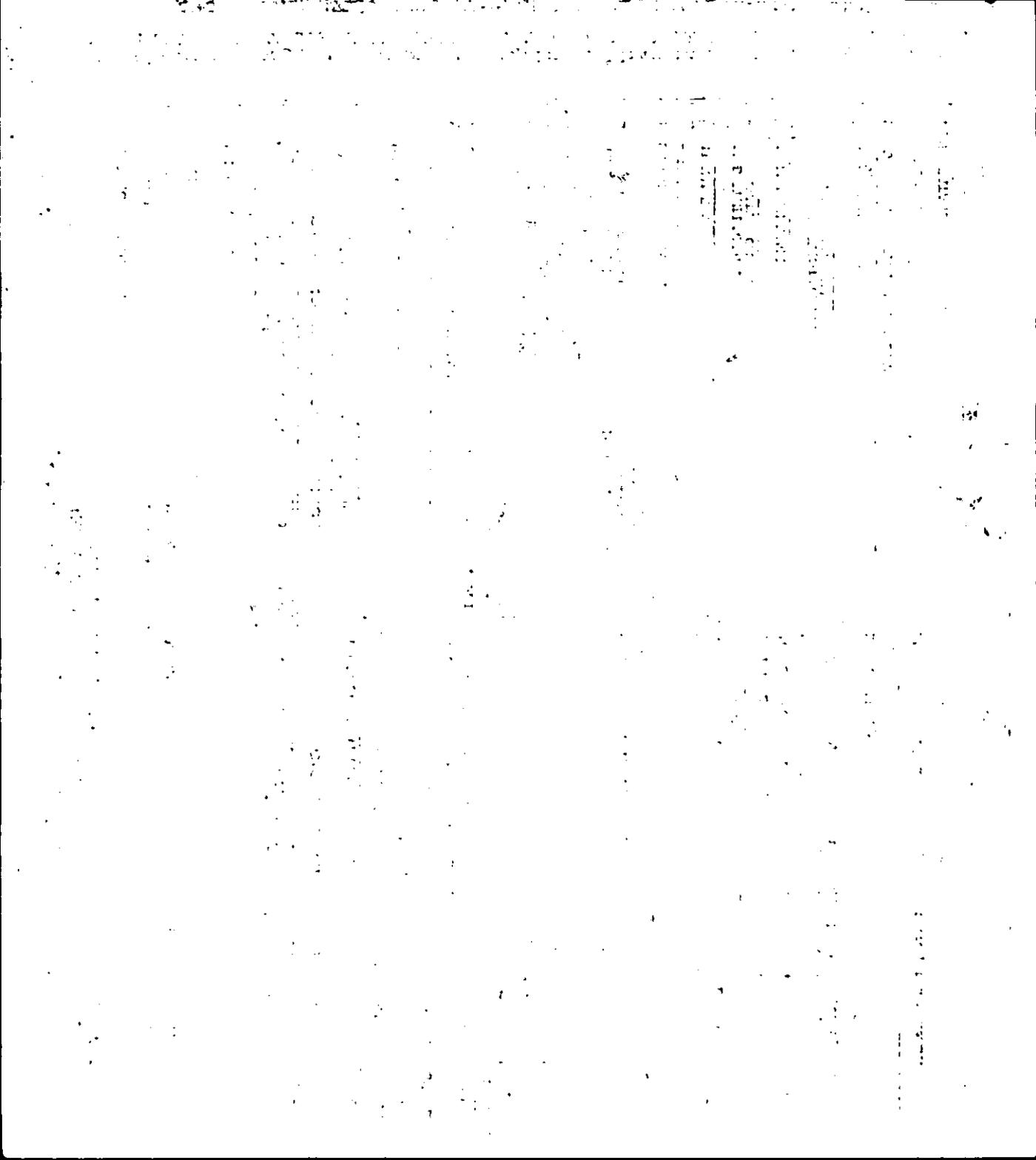
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) H. D. ..., M. D.
(Address) Greenfield 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.



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

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1. PLACE OF DEATH

County..... Rade Registration District No. 237 File No. 92
 Township..... Center Primary Registration District No. 3323 Registered No.
 City..... (No.) St. Ward)

2. FULL NAME

Nora Bell Zost
 (a) Residence, No. St. Ward. (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 W

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

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

7. AGE YEARS MONTHS DAYS IN LESS THAN 1 yr. hrs. min.
49 6 14

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.
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3-14 1936 Geo. L. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1935

I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... 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:

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Fracture of Right Hip
on Oct. 13-1935.

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 09-13, 1935

Where did injury occur? Her home Greenfield Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Thos. Drisdge, M. D.

(Address) Greenfield Mo

SUPPLEMENTARY

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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