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.

NOV 22 1935

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

Do not use this space.

33182

File No. 84

Registered No.

1. PLACE OF DEATH

County Lafayette — Registration District No. 461

Township Lexington — Primary Registration District No. 3024

City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Nathline Wrisinger

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe,

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) July 12, 1935

7. AGE — YEARS: — MONTHS: 2 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

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.

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) Lexington, Mo.

FATHER

13. NAME Andrew Wrisinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

MOTHER

15. MAIDEN NAME Alice Nelson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Mo.

17. INFORMANT (ADDRESS) Mrs. Andrew Wrisinger Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Oct. 12, 1935

19. UNDERTAKER (ADDRESS) Winkler Lexington, Mo.

20. FILED Oct 12, 1935 Fayr Bull Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935, to Oct 11, 1935

I last saw her alive on Oct 9, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Hereditary Syphilis	In utero

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) G. S. Stehr, M. D.

(Address) Lexington, Mo.