

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

Do not use this space.

33691

NOV 26 1935

**1. PLACE OF DEATH**

County Randolph  
Township Huntsville  
City Huntsville (No. ....) St. .... Ward)

Registration District No. 732  
Primary Registration District No. 247

File No. ....  
Registered No. ....

**2. FULL NAME** Nattie Derrick

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 7 20

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. Housekeeper  
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) Howard Co

13. NAME Jerry Denny

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Lucille Schoelen (ADDRESS) 1375 main street

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Oct 15 1935

19. UNDERTAKER Tom B. Patton (ADDRESS) Huntsville

20. FILED Nov 10 1935 MTS. D. C. Bernhart Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1935 to Oct 19 1935.  
I last saw him alive on Oct 17 1935. Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset

Other contributory causes of importance:

Arterio Sclerosis

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? L 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.

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

(Signed) H. L. Briggs M. D.  
(Address) Huntsville

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.

