DEC 12 1935

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

Do not use this space.

35427

1. PLACE OF DEATH
County Carroll
Township Stokesmound,
City ~~Tina,~~ (No. ..., ... St. ..... Ward)

Registration District No. 139
Primary Registration District No. 5199

File No.
Registered No. 18

2. FULL NAME Nellie S. Mundell,

(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: 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 Walter M. Mundell.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1880

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	1	24.	

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. Housewife.
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) Clinton, Missouri.

FATHER
13. NAME Lewis Strickland,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

MOTHER
15. MAIDEN NAME Esther Abley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Walter M. Mundell,
(ADDRESS) Boonville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilhowae. DATE 12/2, 1935

19. UNDERTAKER Clifford W. Austin
(ADDRESS) Tina, Mo.

20. FILED Nov 29, 1935 Mrs Sallie Perry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1935, to Nov 28, 1935
I last saw h/ alive on Nov 28, 1935. Death is said to have occurred on the date stated above, at 7:p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis left side	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis ..... 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) B. H. Cook, M. D.
(Address) Carrollton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD