DEC 11 1935

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

Do not use this space.

37038

1. PLACE OF DEATH
County Ralls
Township Saverton
City ~~Ilasco~~ (No. ..... , ... St. ..... Ward)

Registration District No. 726
Primary Registration District No. 5958

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

2. FULL NAME Rosabelle Hirst

(a) Residence, No. Ilasco, Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Calhoun, Co. Illinois

FATHER
13. NAME Joseph McMelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Lucinda Hubbard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Chas W Hirst Ilasco Mo.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Marble Creek DATE Nov. 19, 1935

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Bdwy. Hannibal, Mo

20. FILED Nov 19, 1935 Blanche Megoron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934 to Nov 17, 1935
I last saw her alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 1:14 a.m.
The principal cause of death and related causes of importance were as follows:

Nephritis Chronic

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) W T Waters, M. D.
(Address) New London, 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.