

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**

Do not use this space.

APR 27 1936

136117

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 3038
Fitz Gibbon Hosp.

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

(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.

Mrs. Eliza M. Norwell
Slater Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>11</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Saline Co. Mo.

FATHER 13. NAME Thos. H. Walker

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

MOTHER 15. MAIDEN NAME Anne Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

17. INFORMANT (ADDRESS) Geo. H. Walker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo. DATE 3-6-36

19. UNDERTAKER (ADDRESS) Hugh Brothers Mo.

20. FILED Mar. 6 1936 Deborah Weston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-36

I HEREBY CERTIFY, That I attended deceased from Feb 28 36 to March 4 36
I last saw her alive on Mar 4, 1936. Death is said to have occurred on the date stated above, at 11 p. m.

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

Intestinal Obstruction

Other contributory causes of importance: Acute Peritonitis

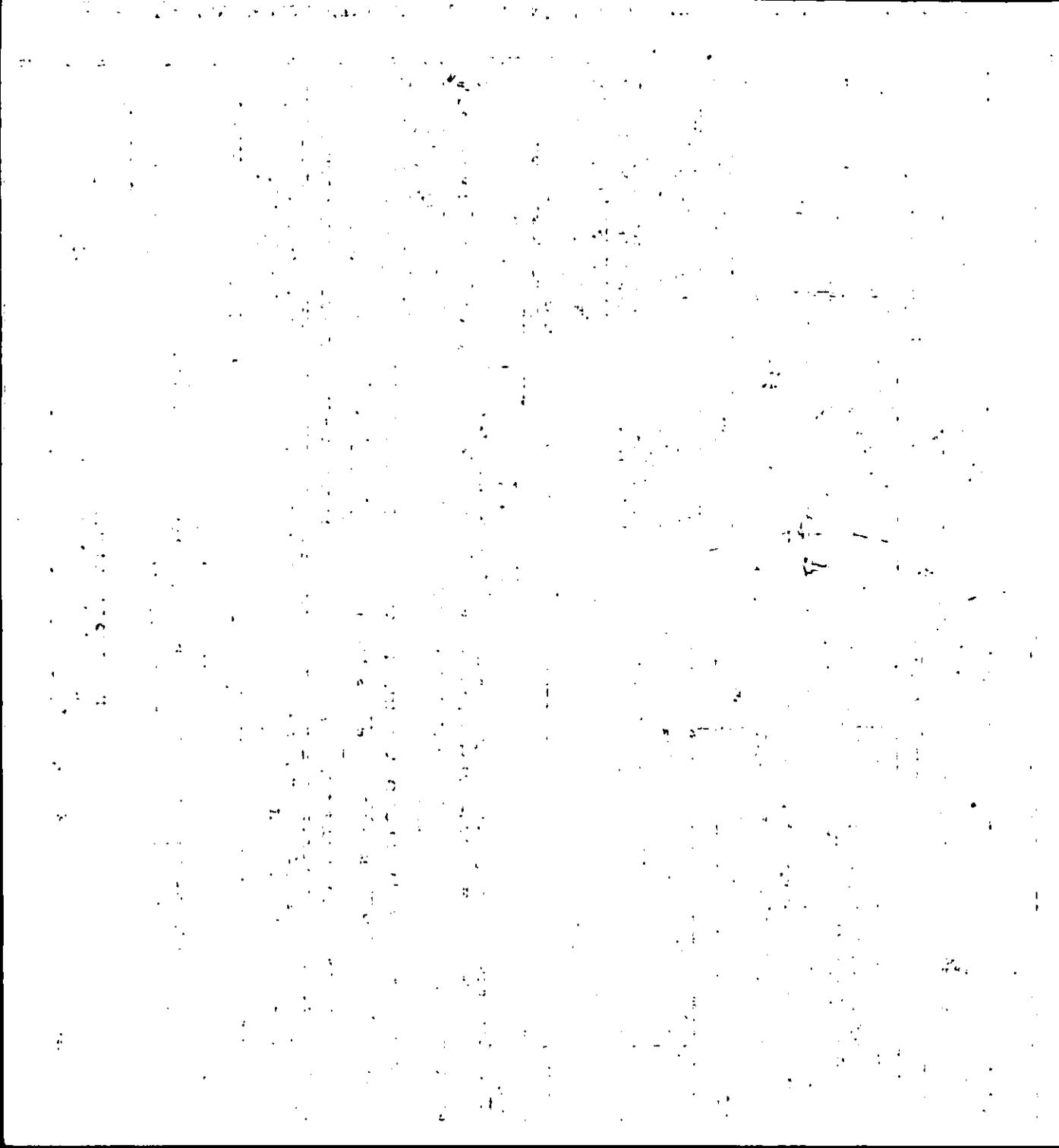
Name of operation Intestinal Obstruction Date of operation Mar 4 36
What test confirmed diagnosis? Aut. Was there an autopsy? No.

23. If death was due to external causes (accident, 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) H. G. Doelmont, M. D.
(Address) Slater Mo.



**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Saline Registration District No. 796 File No. 13611
 Township _____ Primary Registration District No. 3038- Registered No. 55-
 City Marshall (No. Fitzgibbon Hosp.) St. _____ Ward _____

2. FULL NAME Eliza M. Nowell

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 .19 36

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>11</u>	<u>2</u>	

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

Intestinal Obstruction (Date of onset)
due to adhesions from
Previous operation not
Malquist.

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) _____ at present in this occupation.....

Other contributory causes of importance:
Acute Peritonitis

No further information

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

Name of operating _____ Date of _____

13. NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME

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

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

Manner of injury _____

17. INFORMANT (ADDRESS)

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

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

19. UNDERTAKER (ADDRESS)

If so, specify _____ (Signed) Wm. Lockwood, M. D.

20. FILED 9/19 1936 Helena Sinton Registrar.

(Address) Slater Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-18611

RECEIVED
MAY 18 1961