

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.

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

Do not use this space.

MAY 20 1936

14734

1. PLACE OF DEATH

County Franklin Registration District No. 294  
Township Central Primary Registration District No. 5409B  
City St. Clair (No. 40) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Virginia Nettell  
(a) Residence, No. 0 St. Clair St. 40 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired  
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) Franklin Co Mo

13. NAME Mathew Nettell

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

15. MAIDEN NAME Agnes Nettell

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

17. INFORMANT (ADDRESS) George Nettell  
St. Clair Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Station Cemetery DATE April 26, 1936

19. UNDERTAKER (ADDRESS) Wm. Cusky & Co  
St. Clair Mo

20. FILED Apr 25, 1936 W. E. Ketchell  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24, 1936  
22. I HEREBY CERTIFY, That I attended deceased from 4/20—1936, to 4/24—1936  
I last saw her alive on 4/23—1936 Death is said to have occurred on the date stated above, at 5 P.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Branch-Pneumonia  
1936  
Other contributory causes of importance:  
Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? No  
If so, specify \_\_\_\_\_  
(Signed) W. E. Ketchell, M. D.  
(Address) W. E. Clair

