

SEP 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St Joseph(No. State Hosp #2)

29931

File No.

Registered No. 1034

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nora Palmer(a) Residence, No. Nickson Mills 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. 6 mos. 28 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 William T. Palmer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1873
 7. AGE YEARS 63 MONTHS 3 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Domestic  
 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) Nickson Mills Mo.13. NAME William H. Rittinger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Maria L. Hayden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Records State Hosp #2  
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica, R.C. M. DATE 8/12 193619. UNDERTAKER E. R. George & Sons  
(ADDRESS) Superior Mo.20. FILED Aug 10 1936 H. J. Kestelbusch  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 193622. I HEREBY CERTIFY, That I attended deceased from Feb 12 1936 to Aug 10 1936I last saw her alive on Aug 10 1936. Death is saidto have occurred on the date stated above, at 5:50 P.M.

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

Empyema of the Gall BladderDate of onset Aug 3 1936

Other contributory causes of importance:

Name of operation Cholecystostomy Date of Aug 8 1936What test confirmed diagnosis? Asparatomy Was there an autopsy? No23. 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) E. C. DeLong, M. D.(Address) State Hosp #2

