

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.

NOV 26 1936

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

Do not use this space.

36731

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 10
City St. Joseph (No. Mercy Hospital) _____
File No. _____
Registered No. 1254
St. _____ Ward _____

2. FULL NAME Nellie Josephine Middaugh

(a) Residence, No. _____ St. _____ Ward RFD3 Industrial City, Missouri
(Usual place of abode) (If nonresident, give city or town and State) Pl
Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 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 Hugh Middaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>25</u>	<u>3</u>	<u>23</u>	

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. Own 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) Jackson County
(STATE OR COUNTRY) Missouri

13. NAME Samuel Eppard

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

15. MAIDEN NAME Cassie Taylor

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

17. INFORMANT Hugh Middaugh
(ADDRESS) R. F. D. #3 Industrial City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Haley Cemetery
PLACE Avenue City, Mo. DATE October 6, 1936

19. UNDERTAKER H. C. Sidenfaden
(ADDRESS) 202 Union St. St. Joseph, Mo.

20. FILED Oct 6 1936
J. J. [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936 to Oct 4, 1936

I last saw her alive on Oct 4, 1936 Death is said to have occurred on the date stated above, at 2:05 A.M.

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

Pericarditis
Anemia

Other contributory causes of importance: [Signature]

Name of operation _____ Date of _____

What test confirmed diagnosis? Chol 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) Dr. [Signature] M. D.

(Address) 209 10 Kirkpatrick Bldg

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