

JAN 20 1937

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

Do not use this space.

45232

1. PLACE OF DEATH

County Jasper
Township Wells
City Wells City (No.) St. Ward

Registration District No. 417
Primary Registration District No. 3021

File No. 106
Registered No.

2. FULL NAME

Mrs. Nora Mammie McThee
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1936

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

22. HEREBY CERTIFY, That I attended deceased from Dec 2, 1936 to Dec 2, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1884

I last saw h. or alive on Dec 1/36, 1936 Death is said to have occurred on the date stated above, at 5:30 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 | 10 | 2

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

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Cerebral Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Vernon Ind.

Other contributory causes of importance:

13. NAME A. Skinner

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Thelma Parks

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

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

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

17. INFORMANT M. M. McThee
(ADDRESS) R # 3 Wells City, Mo.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Wells City DATE 12/4 1936

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

19. UNDERTAKER Wells City Undertaking
(ADDRESS) Wells City, Mo.

(Signed) J. F. Pritchard, M. D.

20. FILED 12-3 1936 J. L. Corcoran
Registrar.

(Address) Wells City, Mo.

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.

