JAN 29 1937

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

Do not use this space.

45336

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 4280 — Registered No. 81

City Aurora (No. 16 West Myrtle St. Ward)

2. FULL NAME Lida Jemima McNatt

(a) Residence, No. 16 W, Myrtle St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3-1867

7. AGE: YEARS 69 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. School Teacher

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) Lawrence County Missouri

FATHER

13. NAME Campbell Alexander McNatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri

MOTHER

15. MAIDEN NAME Celia Cummings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney County Missouri

17. INFORMANT (ADDRESS) Miss Mary McNatt Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Dec, 16, 1935

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED Dec. 14, 1936 R. W. Cowan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936, to Dec 14, 1936

I last saw her alive on Dec 14, 1936 Death is said to have occurred on the date stated above, at 2.30P.M.

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

Chronic Myocarditis — Date of onset not known

Other contributory causes of importance ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical 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) J. Will Smith, M. D.

(Address) 121 West Pleasant Aurora Mo.

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.

X7294