

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City. St. Louis, Mo. (No. *Burner Hospital*)

File No. 10903

Registered No. 3477

St. Ward

2. FULL NAME

Mary Felicity Nifong

(a) Residence, No. ~~Burner Hospital~~

St. N.R.

Ward.

St. Marys, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

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)

Widowed

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

Daniel Nifong

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

Feb. 28, 1865.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

1

0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ste. Genevieve Co. Missouri U.S.A.

MOTHER FATHER

13. NAME Louis Rigdon

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

Ste. Genevieve Co. Missouri

15. MAIDEN NAME Julia Govero

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

Ste. Genevieve Co. Missouri

17. INFORMANT (ADDRESS)

Mr. Felix Tucker St. Marys, Mo. R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brown Cem.

DATE Mar. 31, 1937

19. UNDERTAKER (ADDRESS)

Ben J. Hildebrand Co. Perryville, Mo.

20. FILED

MAR 31 1937

J. P. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3 - 28 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

11 - 4 - 1936, to 3 - 28 - 1937

I last saw her alive on 3 - 28 - 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Carcinoma of bladder
Urinary

Date of onset

Other contributory causes of importance:

53B

Name of operation

Date of

What test confirmed diagnosis? Biopsy 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?

If so, specify

(Signed) E. M. Bricker M. D.

(Address)

Ben J. Hildebrand Co.

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.

