

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 21 1937

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

Do not use this space.

16618

1. PLACE OF DEATH
 49 County Jasper Registration District No. 406
 Township Twingrove Primary Registration District No. 5560
 City 6 mi. N.E. of Joplin (No. _____) St. _____ Ward _____

2. FULL NAME Emeline Amelia M. Nett
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1858

7. AGE YEARS 83 MONTHS 5 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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 _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassius, Mo.
 13. NAME J. P. Sawyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Rebecca Rogers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs. H. E. Yussman, Mo.
 (ADDRESS) 511 1/2 N. 1st City

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Carl J. Co. Mo. DATE Apr 4, 1937

19. UNDERTAKER C. B. Rogers
 (ADDRESS) Carl J. Co. Mo.

20. FILED Apr 3, 1937 Outkover
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1937

22. I HEREBY CERTIFY, That I, attended deceased from Sept 15, 1936 to April 2, 1937
 I last saw her alive on Mar 25, 1937 Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Nemia
Chronic Nephritis 1 yr.
131
 Date of onset _____

Other contributory causes of importance:
Old age & Disability 2 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Analys. 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) H. H. Widegrove, M. D.
 (Address) Joplin, Kans.

