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.

16 JUL 27 1937

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

Do not use this space.

23357

1. PLACE OF DEATH
County Cape Girardeau
Township " " "
City Cape G. (No. 1024 Good Hope St. Ward)
Registration District No. 121
Primary Registration District No. 3009
File No.
Registered No. 193

2. FULL NAME Nona Gilder Dambach
(a) Residence, No. 1024 Good Hope St., Ward.
(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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, - 1907
7. AGE 35 YEARS 29 MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Allenville Mo.

FATHER
13. NAME Daniel W. Gilder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo.

MOTHER
15. MAIDEN NAME Maggie Franklin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Du Quoin Ill

17. INFORMANT (ADDRESS) Mrs Maggie Gilder Cape Girardeau Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cem DATE June 20 1937
19. UNDERTAKER (ADDRESS) Walthers Und. Co Cape Girardeau Mo
20. FILED 6-17 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935, to June 17, 1937
I last saw her alive on June 16, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1933

Other contributory causes of importance: 23

Name of operation None Date of
What test confirmed diagnosis? X-ray sputum test 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) R. A. Ritter, M. D.
(Address) Cape Girardeau, Mo.