

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Jasper
City Polina (No. 619 Ozark)

Registration District No. 411 File No. 30941
Primary Registration District No. 2002 Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nellie Van Amber
(a) Residence, No. 619 Ozark 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Archwood Iowa

13. NAME Frank Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Alice Roy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Howard Van Amber
619 Ozark

18. BURIAL, CREMATION OR REMOVAL PLACE Forest Park DATE Aug 4 1937

19. UNDERTAKER (ADDRESS) Frank Dennis Mortuary

20. FILED 8-7 1937 Ed E. Jam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-9-35 to 7-24-37, 1935 to 7-24-37, 1935

I last saw him alive on 7-29, 1937. Death is said to have occurred on the date stated above, at 6:05 pm.

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

Carcinoma of cervix

Other contributory causes of importance: 48

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1937

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) Kenneth J. Jones, M. D.

(Address) Polina 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.

