

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Johnson
City Ellsinore (No. _____)

Registration District No. 145
Primary Registration District No. 52092

File No. 33903
Registered No. _____
St. _____ Ward _____

2. FULL NAME Nora S. Kearbey

(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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fm 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 19375A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF J. L. Kearbey

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1878I last saw h..... alive on..... 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 2 4

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

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HomeDrowning in Cyster at home.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Mo.

Name of operation _____ Date of _____

13. NAME John Wisecarver

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (Violence), fill in also the following:

15. MAIDEN NAME Margaret MillsAccident, suicide, or homicide Accident Date of injury _____, 19____16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Earl Kearbey
(ADDRESS) Ellsinore, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellsinore, Mo. DATE Aug. 18, 1937

Manner of injury _____

19. UNDERTAKER Croy Funeral Service
(ADDRESS) Van Buren, Mo.

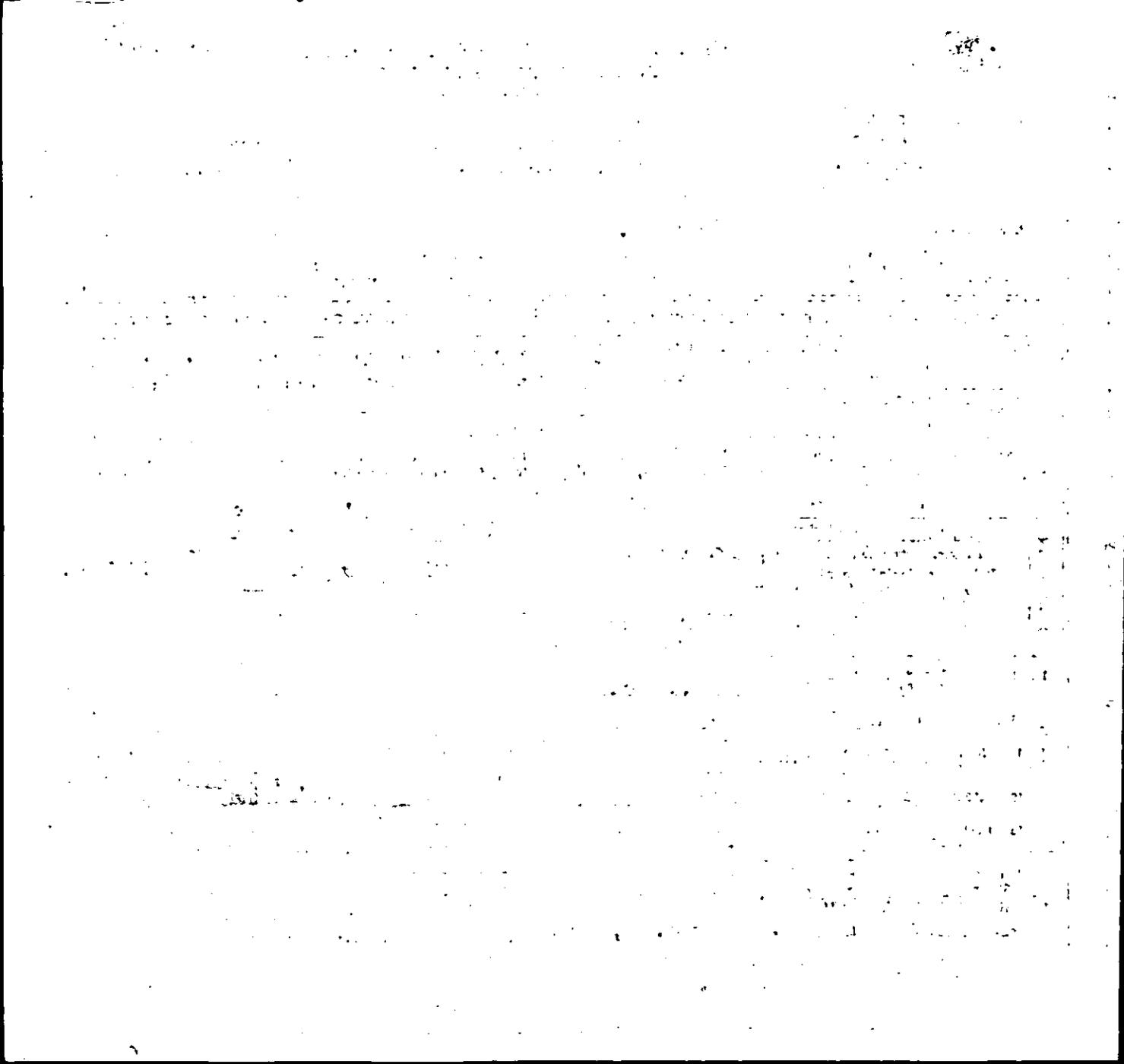
Nature of injury _____

20. FILED Oct. 8, 1937 Pearl Brooks Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Pearl Brooks(Signed) Pearl Brooks(Address) Ellsinore Mo.Local Registrar Johnson

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



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33903
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 145
(b) Township Jackson Primary Registration District No. 3208
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Filed 18
Registered No. 42

2. PRINT FULL NAME Nora S. Kearbey

(a) Residence, No. _____ St. Life (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. L. Kearbey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 2 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
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) Butler Co. Pa.

FATHER 13. NAME John Wisecarver

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

MOTHER 15. MAIDEN NAME Margaret Mills

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

17. INFORMANT (ADDRESS) E. L. Kearbey

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellisnore Mo DATE Aug 18 1937

19. FUNERAL DIRECTOR (ADDRESS) Crow Funeral Service

20. FILED 11/25 1937 Ellisnore Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Drowning in cistern at home

Date of onset

Other contributory causes of importance:

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? accident 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 specify) _____

(Signed) Pearl Brooks L.R., M. D.
(Address) Ellisnore Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of Occurrence is very important.

S-33903