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.

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Bates
Township Deuceruk
City Near Adrian (No. ..... St. ..... Ward)

Registration District No. 47
Primary Registration District No. 5070

File No. 37038
Registered No. 24

2. FULL NAME Effie E. Nachbar
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry Nachbar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15-1872
7. AGE YEARS 65 MONTHS 8 DAYS 6 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) Delvana Ill.

FATHER
13. NAME John W. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know New Jersey

MOTHER
15. MAIDEN NAME Anna E. Cress
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Henry Nachbar Adrian, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cresent Hill DATE 10/24 1937
19. UNDERTAKER (ADDRESS) Creath and Six Adrian Mo.
20. FILED Oct 29 1937 Ethel C Stephens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-21 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1937 to Oct 21 1937
I last saw her alive on Oct 21 1937 Death is said to have occurred on the date stated above, at 8:35 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

82a1

Name of operation ..... Date of .....
What test confirmed diagnosis? Cheese 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Butler Mo.