

JAN 17 1938

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

Do not use this space.

27

File No. 45085

1. PLACE OF DEATH
23 County Clark Registration District No. 198
Township Des Moines Primary Registration District No. 2276
City St. Francisville Mo. St. _____ Ward _____

2. FULL NAME Mrs. Ida Belle Nye.
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. D. Nye.

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937, to Dec 29, 1937
I last saw her alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 120-1868
7. AGE YEARS 69 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

Lobar Pneumonia
Date of onset _____

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

Other contributory causes of importance: 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Influenza Edema of Lungs. Acute Diabetes

FATHER 13. NAME Geo. L. Master

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 15. MAIDEN NAME Mary C. Boggs

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

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

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) Mrs. L. D. Nye
St. Francisville Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

18. BURIAL, CREMATION OR REMOVAL PLACE Sand Co. DATE Dec. 31 1937

(Signed) A. J. Johnson, M. D.
(Address) Wayland Mo

19. UNDERTAKER (ADDRESS) Catherine Lee
Wayland Mo

20. FILED 12/30 1937 H. F. Kircher
Registrar.

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.

