

JAN 21 1937

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

Do not use this space.

46158

1. PLACE OF DEATH  
 County New Madrid Registration District No. 605  
 Township Cross Primary Registration District No. 4359  
 City (No. ) St. Ward

2. FULL NAME Nancy E. Hartline  
 (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) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Hartline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>8</u>	<u>22</u>	

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

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) Mo

FATHER  
 13. NAME Hinton Hamilton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Will Myricks  
 (ADDRESS) Parma, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. John Cem DATE 12-2, 1937

19. UNDERTAKER Watkins Undertakers  
 (ADDRESS) Parma, Mo

20. FILED 12-1, 1937 Dr. Edward H. ...  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1937

22. I HEREBY CERTIFY, that I attended deceased from Aug, 1935, to Dec 1, 1937  
 I last saw her alive on Nov. 26, 1937. Death is said to have occurred on the date stated above, at 6 9 m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis  
 Date of onset

Other contributory causes of importance:  
Asy

Name of operation Chol Date of Mo  
 What test confirmed diagnosis Chol 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 Cholera  
 (Signed) Edward H. ..., M. D.  
 (Address) Parma, 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.

