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.

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

Do not use this space.

1918

1. PLACE OF DEATH
5 County Barry 5 Registration District No. 31
Township Wheaton Primary Registration District No. 5042C
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 1

2. FULL NAME Louetta McNabb 251

(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: Chas McNabb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 5th 1889

7. AGE: YEARS 48 | MONTHS 2 | DAYS 7 | 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): Missouri 1

FATHER
13. NAME: Dan Flora 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va. 2

MOTHER
15. MAIDEN NAME: Martha Leavell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Chas. McNabb Wheaton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockycomfort Cem 11-14-37 19

19. UNDERTAKER (ADDRESS): G. A. Pogue & Son Wheaton, Mo.

20. FILED Jan. 25 1938 Donald Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th 37 19

22. I HEREBY CERTIFY, That I attended deceased from Oct - 25, 1937, to Nov 12 -, 1937
I last saw him alive on Nov - 12 -, 1937. Death is said to have occurred on the date stated above, at 3-30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia praecox	1936

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Other contributory causes of importance:

Acute indigestion	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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.

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Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) O. S. McCall 1, M. D.
(Address) Wheaton Mo.

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