

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

Do not use this space.

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3603

1. PLACE OF DEATH
 County Nodaway Registration District No. 626
 74 Township Independence Primary Registration District No. 5828
 City (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME Lora B. Nigh 200
 (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 <u>7.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1880</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nodaway Co. Mo.</u>	
	13. NAME <u>Lewis A. Nigh</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Angeline Nigh Sawyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Robert Nigh Parnell Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baynor Cemetery Jan 12, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Price Funeral Home Maryville Mo.</u>		
20. FILED <u>Feb. 9, 1938</u> <u>Hallace F. Kennedy</u> Registr.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1937, to Jan 11, 1938
 I last saw her alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Bowels
 Date of onset 1926
Ho

Other contributory causes of importance:

Name of operation abdominal Date of Oct
 What test confirmed diagnosis? 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? 1
 If so, specify Egbert Crowson, M. D.
 (Signed) Egbert Crowson Parnell Mo.
 557 (Address)

RECEIVED

FEB 28 1938

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