

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

Do not use this space.

3714

1. PLACE OF DEATH

County Pettis
Township Scout
City Scout (No. 1)

Registration District No. 668
Primary Registration District No. 3032

File No. 32
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lincoln, Mo. 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jake Nilshusen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/6/1878</u>		
7. AGE <u>58</u> YEARS	MONTHS <u>3</u>	DAYS <u>15</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>Housewife</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Benton Co. Mo.

13. NAME
Harms Nilshusen

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

15. MAIDEN NAME
Anna Groth

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

17. INFORMANT (ADDRESS)
Mrs. Henry Meyer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Nebo DATE Jan 23, 1938

19. UNDERTAKER (ADDRESS)
J. B. Galbreath

20. FILED Jan 21, 1938 Heau Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938 to Jan 21, 1938
I last saw her alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Pancreas

Date of onset

Other contributory causes of importance:

Ruptured blood vessel of pancreas

Name of operation exploratory lap Date of Jan 20, 1938

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?

If so, specify _____

(Signed) M. P. Ryan, M. D.

(Address) St. Mary - M.P.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH