REC'D MAR 22 1938

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

Do not use this space.

File No. 7603

Registered No. 3

1. PLACE OF DEATH

County: Nodaway

Township: Nodaway

City: (No. St. Ward)

Registration District No. 618

Primary Registration District No. 5820

2. FULL NAME: Mrs Nora Tobin 150

(a) Residence, No. Burlington Jct 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Tobin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20 1890

7. AGE: Years 34 Months 4 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Ford City Mo

FATHER

13. NAME: James Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Downey Ga

MOTHER

15. MAIDEN NAME: Ella Reardon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Francis Tobin Burlington Jct

18. BURIAL, CREMATION, OR REMOVAL PLACE: St Patrick DATE: 1-31 1938 Mo

19. UNDERTAKER (ADDRESS): Cummins Funeral Maryville Mo

20. FILED: Jan 31, 1938 Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to Jan 30, 1938. I last saw h.. alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

	Date of onset
Scarlet fever	1/20/38
acute M. phlebitis (Rt. leg)	1/29/38
acute arthritis (Rt. knee)	1/29/38
~~Coma~~	
Pregnancy c. delivery nn	1/29/38

Other contributory causes of importance:

Chr. M. phlebitis

Chr. M. Rt. leg edema

Chr. Cystic edema

Name of operation: Date of:

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? No

If so, specify:

(Signed) B. F. Bryant, M. D.

(Address) Burlington Jct 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.