REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Schuyler
Township Salt River
City ~~Greentop Mo~~, (No. ..... St. ..... Ward)
Registration District No. 804
Primary Registration District No. 6049
File No. 12229
Registered No. .....

2. FULL NAME Rosetta McNurlen 256
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Tom McNurlen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1869[redacted]

7. AGE: YEARS 68 | MONTHS 9 | DAYS 11 | If L[redacted]than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co, Mo, 0

FATHER
13. NAME James Pierce 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

MOTHER
15. MAIDEN NAME Elizabeth Colwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co, Mo,

17. INFORMANT (ADDRESS) Thomas McNurlen Greentop Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Greentop Cem- DATE Mar, 16 1938

19. UNDERTAKER (ADDRESS) Wm, N. West Queencity Mo,

20. FILED March 17 1938 Mrs O P Farrington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from ~~Mar~~ Feb 24 1938, to Mar 15, 1938
I last saw her alive on Feb 24, 1938 Death is said to have occurred on the date stated above, at 2.30 a.m.
The principal cause of death and related causes of importance were as follows:
Da[redacted]
can cer of ascending colon
46
Other contributory causes of importance: None

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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) John F Dodson, M. D.
(Address) Kirksville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.