REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No. 15303
Township Tywappity — Primary Registration District No. 3030 — Registered No.
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Mary Clara Noiswarthy
(a) Residence, No. 108 N. 8th St St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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: Ralph Noiswarthy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 31st 1909
7. AGE: YEARS 28 — MONTHS 7 — DAYS 26 — 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): Wyatt Mo.

FATHER
13. NAME: C. H. Vowells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wyatt Mo

MOTHER
15. MAIDEN NAME: Ellen Regan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marley Mo.

17. INFORMANT (ADDRESS): C. H. Vowells Wyatt Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pool Cemetery DATE: 4-29 1938
19. UNDERTAKER (ADDRESS): Frank Lair Funeral Service Charleston Mo.
20. FILED 4-28- 1938 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 1:00 pm

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Inquest, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Accidental gun shot wound in head
She was sitting in car and a stray Bullett hit her Man was shooting at a day and the bullett glanced hitting her
Date of onset
Other contributory causes of importance:
Name of operation: None Date of
What test confirmed diagnosis: Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-27-1938
Where did injury occur? Charleston Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury: Gun shot wound in head
Nature of injury: By stray Bullett

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank S Vernon, M. D.
(Address) Charleston Mo Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible]
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.