

REC'D JUN 14 1938

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

Do not use this space.

18148

1. PLACE OF DEATH

County DeKalb.Township Grant.

City

(No.

Registration District No. 264Primary Registration District No. 5367

File No.

Registered No.

St.

Ward)

2. FULL NAME

Nina Gertrude Maret, (630)

(a) Residence, No.

6Mi. N.E. Maysville, Mo.

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

MEDICAL CERTIFICATE OF DEATH

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 OFJames Maret.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 15, 1885.

7. AGE

YEARS

53

MONTHS

4

DAYS

6If 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) May 1938.11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DeKalb County,
Missouri.

FATHER

13. NAME

Thomas Chaney.14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DeKalb County,
Missouri.

MOTHER

15. MAIDEN NAME

Christena B. rber.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Andrew County, Mo.
Missouri.17. INFORMANT
(ADDRESS)James Maret,
Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairport Cem.DATE May 23, 193819. UNDERTAKER
(ADDRESS)U. G. Pilcher,
Maysville, Mo.

20. FILED

May 23, 1938 Mrs. Kessler
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 193822. I HEREBY CERTIFY, That I attended deceased from
March 17, 1938, to May 21, 1938I last saw her alive on May 21, 1938 Death is said
to have occurred on the date stated above, at 4:30P m.

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

Coronary Occlusion
Acute Pulmonary edema

Date of onset

5-21-385-21-38

Other contributory causes of importance:

Generalized arteriosclerosis
with hypertension
Coronary thrombosis

undet.

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?

If so, specify

(Signed)

John M. Cooper, M. D.(Address) Maysville, Mo

