

REC'D JUL 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County PolkTownship Spain

City (No. _____) _____

Registration District No. 708Primary Registration District No. 5937dFile No. 22703Registered No. 19

St. _____ Ward _____

2. FULL NAME Alma Rittie Nasalroad 246

(a) Residence, No. _____

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)

widow

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

Alonso Nasalroad

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

April - 1 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

74118

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)

Ind.

FATHER

13. NAME

Joseph Starkley

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

Ind.

MOTHER

15. MAIDEN NAME

Mary Coffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

17. INFORMANT (ADDRESS)

Joe Nasalroad
Halfway mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Urbana

DATE

May 20, 1938

19. UNDERTAKER (ADDRESS)

Hutchison - Blue
13 Oliver

20. FILED

6/131938Wm J Zimmalk
Registrar.1316 (Address) Urbana Mo

MEDICAL CERTIFICATE OF DEATH

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

May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1938, to May 20, 1938I last saw her _____ alive on May 18, 1938 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Chronic myocarditisDate of onset
1937

Other contributory causes of importance:

Styphilitis diaphragmatis

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?

If so, specify _____

(Signed) La. Hlaseco13 Oliver

M. D.

(Address) Urbana 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.

92c

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township _____
City _____

Registration District No. 708
Primary Registration District No. 5927 A

File No. 22703 -
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Alma R. Nasalroad
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W-

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 1 18

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

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19__

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Chr. Myocarditis Date of onset _____

Other contributory causes of importance:

Nephritis Disorder
Chronic

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) L. A. Glasco, M. D.
(Address) Arkana mo.

N. B.—Every death should be reported to the health officer of the city or town in which it occurs. Exact statement of cause of death should be given. This information is very important.

