

1938 OCT 27 1938

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

Do not use this space.

33552

1. PLACE OF DEATH

County *Warren*
Township *Elkhorn*
City (No) _____

Registration District No. *881*
Primary Registration District No. *6171*

File No. _____
Registered No. *26*
St. _____ Ward _____

2. FULL NAME

Nancy Hellarine Palston 1 1/2

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *60* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Polston</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 11 1852</i>		
7. AGE YEARS <i>86</i>	MONTHS <i>1</i>	DAYS <i>22</i>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>	11. Total time (years) spent in this occupation <i>—</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Retired</i>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
mo.

MOTHER FATHER 13. NAME *Wm. Rattler*

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

15. MAIDEN NAME *Mary R. Reed*

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

17. INFORMANT (ADDRESS)
Arthur Rattler, Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE *McCord Drive* DATE *9-5 38*

19. UNDERTAKER (ADDRESS)
F. V. Masche, Warrenton, Mo.

20. FILED *Sept 6 1938* *A. W. Cherting* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-3 38*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 29th 1938* to *Sept 3rd 1938*
I last saw *serv* alive on *Sept 2nd 1938*. Death is said to have occurred on the date stated above, at *7³⁰ A.M.*

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

Sanguine Left Leg & Foot (Below Knee)
Chronic Endocarditis
Date of onset: *8/29/38*
1936

Other contributory causes of importance: *GA*

Name of operation *None* Date of _____

What test confirmed diagnosis? *Clinical* 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) *K. J. Larentash*, M. D.
(Address) *Wright City 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.

