

NOV 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130  
Township Wesol Primary Registration District No. 2775  
City near Advance, Mo. (No. 43)

File No. 85340  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Nora T. Nolen, near Advance, Mo., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to Sept 7, 1938  
I last saw her... alive on Sept 7, 1938. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1882

to have occurred on the date stated above, at 5:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 4 28

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

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

Ca. of cervix with Metastases and Cardiac Dropsy  
Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Other contributory causes of importance: Nervous breakdown

12. BIRTHPLACE (CITY OR TOWN) Ballinger County (STATE OR COUNTRY) Missouri

13. NAME Billie Pitts

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Mary Gerhardt

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Edd Nolen (ADDRESS) Advance, Mo. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Co. Cemetery DATE Sept. 23, 1938

19. UNDERTAKER Lloyd S. Morgan (ADDRESS) Advance, Mo.

20. FILED Oct 29, 1938 Mo. Sta. 216 Stidler Registrar.

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? No  
If so, specify \_\_\_\_\_

(Signed) Edwin C. Masters D.O.  
(Address) Advance, Mo.

N. E.—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.

