

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 18 1938

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

Do not use this space.

44289

1. PLACE OF DEATH

County Ray Registration District No. 742
 Township Patok Primary Registration District No. 5977a
 City Larsen (No. _____) St. _____ Ward _____

2. FULL NAME

Nazal Lorraine Almutt

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 7 19

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) Moresville Mo

FATHER 13. NAME Marion Summers

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

MOTHER 15. MAIDEN NAME Mary E. Valerius

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

17. INFORMANT Butler Almutt (ADDRESS) Larsen Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE Dec 27 1937

19. UNDERTAKER Richard Jarman (ADDRESS) Larsen Mo

20. FILED Dec 27 1938 E. Edwin Shouse Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1938, to Dec. 26 1938

I last saw him alive on Dec. 23 1938. Death is said to have occurred on the date stated above, at 5:00 pm.

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

Mitral Stenosis & Cardiac Failure
Pulmonary Edema

Other contributory causes of importance: 9th A

Name of operation _____ 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) Detrus E. Buehner, M. D.

(Address) Larsen Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/10/39

