

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5921  
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Velma May Nolt

(a) Residence, No. Savannah Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nurse  
 9. Industry or business in which work was done, as saw mill, bank, etc. Practical  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Arnott  
 (STATE OR COUNTRY) South Dakota

FATHER 13. NAME Benjamin Nolt  
 14. BIRTHPLACE (CITY OR TOWN) Savannah  
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Della Eiseminger  
 16. BIRTHPLACE (CITY OR TOWN) Savannah  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Della Nolt  
 (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE February 9, 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit  
 (ADDRESS) Savannah Mo.

20. FILED 2-9-39 A. J. [Signature]  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1939, to Feb 7 - 1939  
 I last saw h. a. alive on Feb 7 - 1939. Death is said to have occurred on the date stated above, at 11/58 AM  
 The principal cause of death and related causes of importance were as follows:

Peritonitis - Septicemia Date of onset 2-1-39  
140 2-1-39  
 Other contributory causes of importance: Abortion - produced 1-28-39

Name of operation Dilatation & drainage Date of 2-4-39  
 What test confirmed diagnosis? Lab. 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) Paul [Signature], M. D.  
 (Address) St. Joseph, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

E. C. Breit .....

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

E. C. Breit .....

Licensed Embalmer No. 2650 .....

P. O. Address Savannah Mo. .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**