

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

42838  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township 2 Primary Registration District No. 1001 Registered No. 1316  
 (c) City St. Joseph (d) Street No. 1433 North Fifteenth 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Nettie Dorsey Nihill Pelar

(a) Residence, No. 1433 North Fifteenth St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 William E. Pelar  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 24  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. own home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/10/1939 to 12/23/1939  
 I last saw him alive on 12/15/1939. Death is said to have occurred on the date stated above, at 10: a. m.  
 The principal cause of death and related causes of importance were as follows:

Influenza  
arteria septicæ  
 Date of onset 12/14/39

Other contributory causes of importance:

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) J. J. Stoney, M. D.  
 (Address) 2624 St. Joseph Ave

12. BIRTHPLACE (CITY OR TOWN) Ypsilanti  
 (STATE OR COUNTRY) Michigan

FATHER 13. NAME James Nihill

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

MOTHER 15. MAIDEN NAME Helen Unknown

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

17. INFORMANT William E. Pelar  
 (ADDRESS) 1433 North 15th, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri  
 PLACE Ashland Cemetery DATE December 26, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer  
 (ADDRESS) 1302 Faron Street, St. Joseph

20. FILED Dec. 26, 1939 J. J. Stoney  
 Local Registrar

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.

Call - 2-3331

**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, or by.....

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

Signed *H. H. Kelly*

Licensed Embalmer No. Missouri, 3946

P. O. Address St. Joseph, Missouri

**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.