

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

Do not use this space.

40413

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township ~~Independence~~ Primary Registration District No. 3018
 City Clinton (No.) St. (Ward)

File No.
 Registered No. 156

2. FULL NAME

Naoma Dalcina Fontress

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Robert Granville Fontress

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 | 7 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Montrose
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER James Lee Porter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Mary M. Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Henry Co, Mo

14. INFORMANT Mrs. Mary Porter
 (Address) Montrose, Mo

15. FILED 16 1930 Dr. E. C. Peelor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1929, to Dec. 24, 1929, that I last saw her alive on Dec. 24, 1929, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis
140 A
146 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Puerperal Uremia
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Montrose Mo
 DID AN OPERATION PRECEDE DEATH? Yes - Caesarian Section DATE OF Dec. 21, 1929
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Baileys urine
 (Signed) W. E. Baggard, M. D.
12-27, 1929 (Address) Montrose Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Montrose Cem DATE OF BURIAL Dec. 25, 1929

20. UNDERTAKER Sennartz & Sennartz ADDRESS Montrose Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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