

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

Do not use this space.

23905

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mason Primary Registration District No. 3029
 City Hannibal (No. Valley Road Marion County Ward)

2. FULL NAME

Nelle May Stewart
 (a) Residence. No. Valley Road St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 26 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 married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry G. Stewart
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23-1882
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 45 11 29
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) " "
 (c) Name of employer " "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Canton, Ill.

10. NAME OF FATHER Benjamin Farbus
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New Canton, Ill.
 12. MAIDEN NAME OF MOTHER Martha Crackley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Near Rochester, Ohio

14. INFORMANT Henry G. Stewart
 (Address) Hannibal, Mo.

15. FILED 8/24-38 1938 C. E. Stone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22-1928
 17. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1928, to Aug. 22, 1928, and that I last saw her alive on Aug. 22, 1928, and that death occurred, on the date stated above, at 10:45:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes
57-59
 (duration) 3 yrs. about mos. da.
 CONTRIBUTORY Diabetes
 (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? m DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Diabetes
 (Signed) A. L. Shultz M. D.
 , 19 (Address) Hannibal, 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 Mt. Olive Cemetery DATE OF BURIAL 8/24-1928
 20. UNDERTAKEER Schurick Funeral Home ADDRESS Hannibal

7 1928

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.

