

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

Do not use this space.

25252

1. PLACE OF DEATH

1 County Jackson Registration District No. 4
2 Township Kirkville Primary Registration District No. 3001
7 City Kirkville (No. _____) St. _____ Ward _____

File No. _____

Registered No. 126

2. FULL NAME Mary Ann Novinger

(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 M 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 S. A. Novinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aug

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) Mo

13. NAME Noah Motter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Susan Ashdown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Oran E. Novinger (ADDRESS) Novinger Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Novinger Cemetery DATE Aug 15 1932

19. UNDERTAKER Clavellyson (ADDRESS) Novinger Mo

20. FILED Aug 22 1932 Mrs C. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to Aug 13 1932
I last saw him alive on Aug 12 1932 Death is said to have occurred on the date stated above, at 7:30 PM

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

Chronic Nephritis 10 years ago
131 151 1
Other contributory causes of importance: Nephrosis
Name of operation None Date of _____
What test confirmed diagnosis? None 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) W. H. Garrison M. D.
(Address) Novinger Mo

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.

SEP 21 1932

