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

Do not use this space.

File No. 21968

Registered No.

1. PLACE OF DEATH

County: Saline

Township: Arrow Rock

City: (No. , St. Ward)

Registration District No. 792

Primary Registration District No. 6033

2. FULL NAME: Nonie Elizabeth Brumble

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

## 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: Charles Brumble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 2-1904

7. AGE: Years 28 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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): Kansas City Mo.

FATHER

13. NAME: William Kinsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co. Mo.

MOTHER

15. MAIDEN NAME: Martha Bullard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshall Mo.

17. INFORMANT (ADDRESS): Charles Brumble Napton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crescent Ave DATE: June 13, 1933

19. UNDERTAKER (ADDRESS): R. W. Calaway Marshall Mo.

20. FILED 6-20, 1933 C. L. Lawless Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to June 11, 1933
I last saw her alive on June 11, 1933 Death is said to have occurred on the date stated above, at 9:35 p.m.
The principal cause of death and related causes of importance were as follows:

Perforation of bowels due to Typhoid fever

Date of onset

Other contributory causes of importance:

Name of operation: X Date of: X

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? X Date of injury: X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: X

Nature of injury: X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. L. Lawless, M. D.

(Address) Marshall Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD