

FEB 21 1935

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

Do not use this space.

508

1. PLACE OF DEATH

County CedarRegistration District No. 163

File No.

Township

Primary Registration District No. 4095Registered No. 11City El Dorado Springs (No.)

St. Ward)

2. FULL NAME

Mary Jane Niblack

(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 (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 18497. AGE YEARS 85 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Nashville (STATE OR COUNTRY) Tenn13. NAME Eliza Smith14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)15. MAIDEN NAME Francis Peoples16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)17. INFORMANT Tolerance Niblack (ADDRESS) Waverly Hill, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cliftonville Cem DATE Jan 30, 193519. UNDERTAKER Carolyn Niblack (ADDRESS) El Dorado Springs, Mo20. FILED 1-29- 1935 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 193522. I HEREBY CERTIFY, That I attended deceased from January 7, 1935, to January 28, 1935I last saw h. alive on January 28, 1935. Death is saidto have occurred on the date stated above, at 11:30 A.M.

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

Influenza Date of onsetPneumonia 1-7-35Other contributory causes of importance: NoneName of operation None Date ofWhat 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? None Date of injury None, 19Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) J. R. Williams, M. D.(Address) El Dorado Springs,

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.

FORM-11-24-33

