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.

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

Do not use this space.

DEC 13 1935

1. PLACE OF DEATH

County Atchinson — Registration District No. 22 — File No. 35045

Township Lincoln — Primary Registration District No. 5031 — Registered No. 15

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mildred Sarah Nordholm

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	11	15	

8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Calvin Asher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) [illegible]

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Albert Nordholm
(Address) Blanchard, Iowa

15. FILED 12-11, 1935 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1935

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Nov. 11, 1935 that I last saw her alive on Nov. 11, 1935, and that death occurred, on the date stated above, at 2.50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

..... (duration) no yrs. 8 mos. 0 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 15 1935

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory

(Signed) D. A. Reutter, M. D.

, 19 (Address) Blanchard, Iowa

*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	DATE OF BURIAL
Blanchard Iowa	Nov 13 1935
20. UNDERTAKER Scott Tucker	ADDRESS Westboro Missouri.