

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

67  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

County Perry  
Township Perryville  
City Perryville (No. ....)

Registration District No. 660  
Primary Registration District No. 4396

File No. 17192

Registered No. .... St. .... Ward)

**2. FULL NAME**

Dora Bell Nations

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
67 11 10

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

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) Perry Co. Mo.

13. NAME Stanhope Clifton

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

15. MAIDEN NAME Ann Penhiter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) Vess Nations Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Hopewell DATE April 21, 1937

19. UNDERTAKER (ADDRESS) Wm. J. Zoller Perryville Mo.

20. FILED Apr 21, 1937 Joe J. Zoller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1937

I HEREBY CERTIFY That I attended deceased from March 28, 1937 to 4-19-37

I last saw her alive on April 19, 1937 Death is said to have occurred on the date stated above, at 11:45 P. m.

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

Pleural effusion Date of onset 4 hrs

Other contributory causes of importance:  
Chronic Myocarditis with decompensation 6 mos

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify (Signed) Oscar A. Carver, M. D.  
(Address) Perryville, Mo.

Carver.

