DEC 16 1937

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

Do not use this space.

File No. 41108

Registered No.

1. PLACE OF DEATH.
County Daviess
Township Liberty
City Altamont (No. ..... St. ..... Ward)
Registration District No. 248
Primary Registration District No. 4111.8

2. FULL NAME Armada Emerene Cathcart

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-1884

7. AGE 53 YEARS 1 MONTHS 13 DAYS 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) Wayne Co. Ky.

FATHER
13. NAME Robert Parmley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Jane Sloan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Opal Branam Daughter
(ADDRESS) Altamont Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Altamont Mo. DATE 10-28 1937

19. UNDERTAKER Mrs Kate Stroup
(ADDRESS) Winston Mo

20. FILED 11-2-37 Mrs J. T. Reed Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-1937

22. I HEREBY CERTIFY, That I attended deceased from January 37 to Oct. 26 1937
I last saw her alive on Oct 23 1937 Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Intestinal Nephritis | 1934 |

Other contributory causes of importance:
Operation for Removal of Gall Bladder
Chronic Habit of Morphine to develop 1936

Name of operation ..... Date of .....
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? ..... 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) Floyd E. Nelson M.D.
(Address) Gallatin, 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.

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FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

41108
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess — Registration District No. 248
(b) Township — Primary Registration District No. 4148 — Registered No.
(c) City Altamont — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Armada Emerene Cathcart
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 53 MONTHS 1 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-18, 1938 Dr. Floyd E. Nelson
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
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Other contributory causes of importance:
operation for removal of gall bladder causing habit of morphine to develop
Name of operation Chronical Removal Date of
What test confirmed diagnosis? Was there a [illegible]
Gall Bladder was Necessary
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Chlorecystolithiasis
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) Floyd E. Nelson, M. D.
(Address) Gallatin Mo

SUPPLEMENTARY

GISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.