8 1938

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

Do not use this space.

1. PLACE OF DEATH
County Holt. Registration District No. 369 File No. 45515
Township Union Primary Registration District No. 5515 Registered No. 10
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Alice Nauman
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 J S Nauman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1852
7. AGE YEARS 84 MONTHS 11 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. 2
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) Honeyville Va.
FATHER
13. NAME Andrew Jackson Lony
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
MOTHER
15. MAIDEN NAME Mary Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
17. INFORMANT (ADDRESS) Miss Ida Nauman Craig Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Liberty DATE 12/12 1937
19. UNDERTAKER (ADDRESS) Mt Crawford Mound Rate Mo.
20. FILED Dec 12 1937 Venta Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1937
22. I HEREBY CERTIFY, That I attended deceased from 12-7 1937, to 12-10 1937
I last saw her alive on 12-9 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-7 1937
	1925

Other contributory causes of importance:
Chronic Valvular Heart Disease
Name of operation ..... Date of .....
What test confirmed diagnosis? — 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? No
If so, specify.
(Signed) Owen Hunter, M. D.
(Address) Farrington Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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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