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.

REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Linn
Township: Locust Creek
City: Linneus. (No. ..., ... St. ..... Ward)

Registration District No. 501
Primary Registration District No. ~~4000~~ 5304

File No. 11345
Registered No. .....

2. FULL NAME: Nellie Ormiston 652

(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: D. B. Ormiston, (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 17, 1864

7. AGE: Years 74 | Months 0 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Newspaper
10. Date deceased last worked at this occupation (month and year): Nov. 1937
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Missouri

FATHER
13. NAME: B. F. Northcott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): xxxxxxxxxx Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Christie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): xxxxxxxxxx Kentucky

17. INFORMANT (ADDRESS): T M Ormiston Brookfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Cem. DATE: 3/7/1938, 19

19. UNDERTAKER (ADDRESS): Thorne Undertaking Co. Linneus, Missouri.

20. FILED: 4-10, 1938 Mrs Jno W. Wiff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to March 5, 1938
I last saw her alive on March 5, 1938. Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?

Other contributory causes of importance: 54

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) Dr. G. H. Bradley M.D.
863 (Address) Linneus, Mo.