

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

Do not use this space. ✓

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1. PLACE OF DEATH
County Barry
Township McDonald
City (No. _____) _____ St. _____ Ward _____

Registration District No. 21
Primary Registration District No. 5042-A

File No. _____
Registered No. 4

2. FULL NAME Nella J. Inmon
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floyd Inmon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1889
7. AGE YEARS 46 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1935 to Jan 10 1936
I last saw h.w. alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

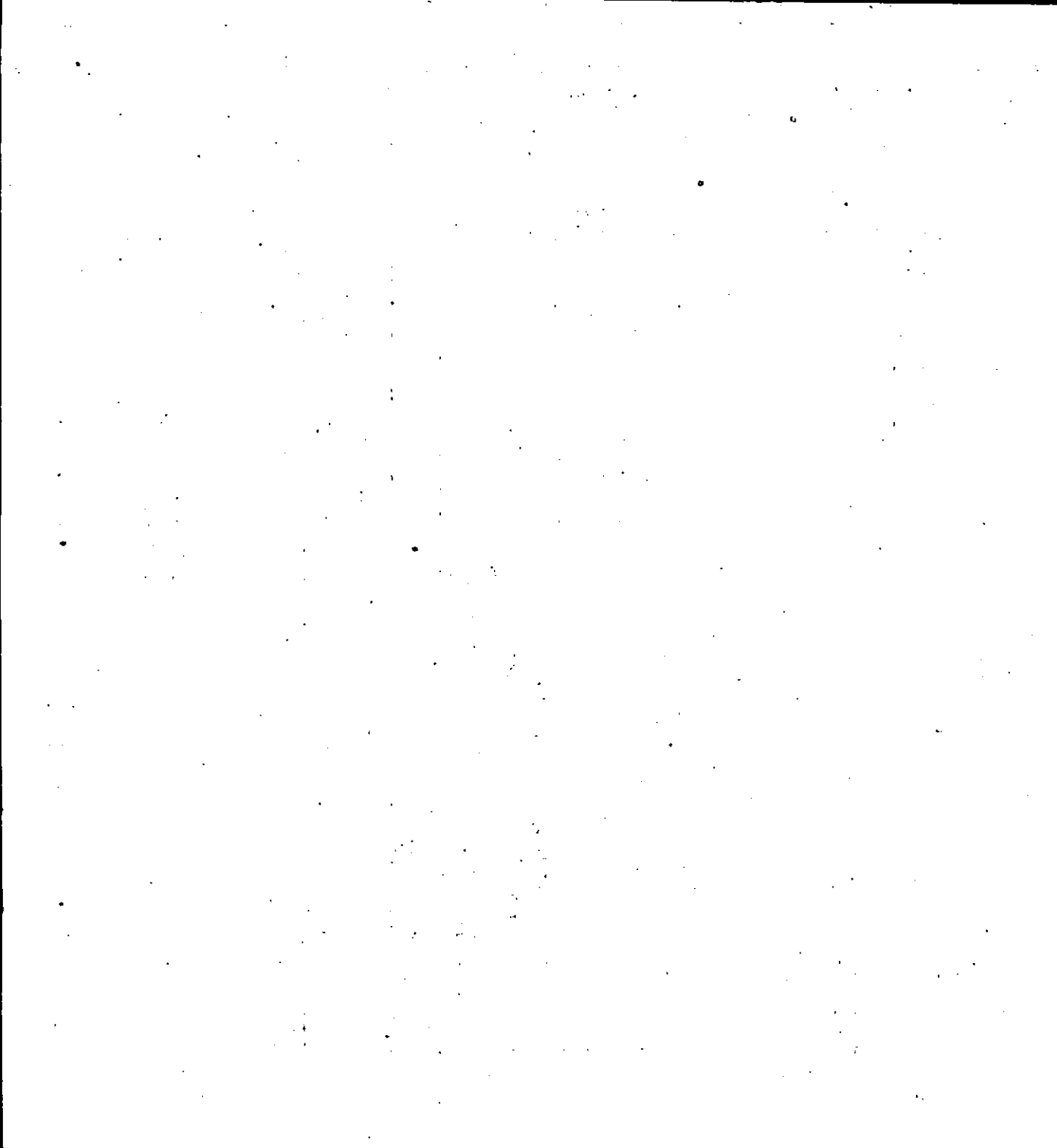
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

Hemorrhage from
fibroid uterus
48
Date of onset 12-1-35
Other contributory causes of importance:
hypertention

MOTHER / FATHER
13. NAME James Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Mary E. Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.
17. INFORMANT Floyd Inmon
(ADDRESS) Monett, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE Jan. 11 1936
19. UNDERTAKER Balduvins
(ADDRESS) Barry, Mo.
20. FILED 2-16, 1936 Mattie Blankenship
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys 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. at
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. J. Balduvins, M.D.
(Address) Barry, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Specify items of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS CERTIFICATE

1. PLACE OF DEATH

County Barry Registration District No. 31 File No. _____
Township _____ Primary Registration District No. 5045a Registered No. 4
City _____ No. _____ St. _____ Ward _____

2. FULL NAME

(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 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 MONTHS DAYS HOURS MINUTES LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 2-10-36 Matthie Blankenship Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1936

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ 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:

Hemorrhage from Tubercular Ulcers (There was a Malignancy)
Other contributory causes of importance: 4/8

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) J. J. Baldwin, M. D.
(Address) Curdy, 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.

EXEMPT

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