

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.

FILED 22 1932

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

Do not use this space.

18906

1. PLACE OF DEATH

16 County Cape Girardeau  
1 Township  
8 City (No. 405 Louisiana)

Registration District No. 125  
Primary Registration District No. 3009

File No. \_\_\_\_\_  
Registered No. 143  
St. \_\_\_\_\_ Ward)

2. FULL NAME Nola Ann McClard

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. New Bethel Mo.

(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 John McClard  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1877  
7. AGE YEARS 55 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.

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. 235  
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) Neelys Rdg. Mo

MOTHER 13. NAME Henry Craft  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Car. 2

FATHER 15. MAIDEN NAME Susan Bishop  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn.

17. INFORMANT Mrs Henry King  
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel DATE 6-19-1932

19. UNDERTAKER Hannan's Funeral Home  
(ADDRESS) Cape Girardeau Mo.

20. FILED 6-18-1932 W. C. Baer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932  
22. I HEREBY CERTIFY That I attended deceased from June 6th, 1932, to June 17th, 1932  
I last saw her alive on June 17th, 1932. Death is said to have occurred on the date stated above, at 5:35 P.m.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis. Date of onset About 46 or 50 years ago.  
Ch. Bronchopneumonia nephritis. (D)  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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) E. R. Schult M. D.  
(Address) Cape Girardeau, Mo.

