

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Brimmance
City Rayville (No. 1)

Registration District No. 744
Primary Registration District No. 3035
59769

File No. 31582
Registered No. 75
St. 1 Ward 1

2. FULL NAME Ida Narramore

(a) Residence, No. 1 St. 1 Ward 1

(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 W. C. Narramore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1879

7. AGE YEARS 58 MONTHS 1 DAYS 15 IF LESS than 1 day, hrs. or min.

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) Ray Co Mo

FATHER 13. NAME William Croen

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

MOTHER 15. MAIDEN NAME Bates

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

17. INFORMANT Gene Dillard (ADDRESS) Rayville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crowley DATE Aug 12 1937

19. UNDERTAKER J. E. Broadhurst (ADDRESS) Rayville Mo

20. FILED 9/10 1937 Mary B. McNeal Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 11, 1937
I last saw her alive on Aug 11, 1937 Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

Choleraeitis suppurative Date of onset July 30 37

Other contributory causes of importance: Gal Stones 126

Name of operation None Date of None
What test confirmed diagnosis? Clinical 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) John Mc Neely M. D.
A. Johnson M.D.

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.

W. C. C. & Co. Inc.