

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

Do not use this space.

19116

1. PLACE OF DEATH

County St. Francois Registration District No. 775
 Township Parry Primary Registration District No. 0070
 City Bonnet Terre (No. Bonnet Terre Hospital) Registered No. 47
 St. _____ Ward _____

2. FULL NAME

Nora Huitt
 (a) Residence No. Caledonia 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. 2 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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. C. Huitt

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 15, 1931.
 That I last saw her alive on May 15, 1931, and that death occurred, on the date stated above, at 1:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23, 1894
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 8 22

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis
145 H.
147 B.
 (duration) yrs. mos. 4 ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeping
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) child-birth (5/11/31)
 (duration) yrs. mos. 5 ds.

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo.
 (STATE OR COUNTRY)

18. WHERE DISEASE CONTRAICTED 147 B
 IF NOT AT PLACE OF DEATH, Caledonia, Mo.

10. NAME OF FATHER Henry Akers

0 DID AN OPERATION PRECEDE DEATH... no. DATE OF _____
 WAS THERE AN AUTOPSY? no.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) Daniel Edmund, M. D.

12. MAIDEN NAME OF MOTHER Ida Seibert

5115, 1931 (Address) Bonnet Terre, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co. Mo.
 (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT William Akers
 (Address) Caledonia, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Caledonia Cemetery DATE OF BURIAL May 17 1931

15. FILED 5/10/31 V. L. Son REGISTRAR

20. UNDERTAKER J. B. Boyer ADDRESS Potosi, Mo.

A. 2. - Every item of information shown on certificate is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

