

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

Do not use this space.

33790

NOV 27 1935

1. PLACE OF DEATH

County H. Hancock Registration District No. 779
Township Randolph Primary Registration District No. 6024a
City Keosauqua (No.) St. Ward)

2. FULL NAME

Elizabeth Nance
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF J. C. Nance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 25

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) Flat River Mo.

13. NAME Thomas Crump

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

15. MAIDEN NAME Sarah Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) J. W. Grifford
J. Desloge, M.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania DATE Oct. 15 1935

19. UNDERTAKER (ADDRESS) C. J. Boyer
Keosauqua Mo.

20. FILED Nov 9 1935 W. B. Blackbeard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Oct 14 1935

I last saw h. or alive on 7-13 1935 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary artery sclerosis
mitral regurgitation

Date of onset unk

Other contributory causes of importance: careless stomach

Name of operation Medical Date of no
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 homicidal 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) Stonald Chalk M. D.
Desloge, Mo
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

