

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.

JUL 9 1934

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

Do not use this space.

17875

92

1. PLACE OF DEATH
94 County St. Francois Registration District No. 773
4 Township St. Francois Primary Registration District No. 4463
6 City Elmwood (No. _____ St. _____ Ward _____)

2. FULL NAME Nancy Almeda Nabors OP
(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kimwood Nabors

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 5 26

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

9. Industry or business in which work was done, as silk m., saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 45

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

13. NAME Henry Jones O

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

15. MAIDEN NAME Sarah Taylor

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

17. INFORMANT (ADDRESS) May Nabors Elmwood Mo

18. BURIAL, CREMATION, OR REMOVAL Layne near Elmwood DATE 5-31 1934

19. UNDERTAKER (ADDRESS) Caldwell Bros East River Mo

20. FILED 6-13 1934 B. B. Starnes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14 1934 to May 23 1934
I last saw him alive on May 23 1934 Death is said to have occurred on the date stated above, at 2300 m. 230 AM
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage resulting from chronic Renal nephritis
Hypertensive disease
Pulmonary Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) Eugene E. Whiteside M. D.
(Address) Elmwood Mo

