SEP 2 8 1927

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

Do not use this space.

24071

1. PLACE OF DEATH
County Greene
Township
City Springfield
Registration District No. 318
Primary Registration District No. 2001
(No. 823 N. Broad St. Ward)
File No.
Registered No. 489

2. FULL NAME Nancy Ella Strong
(a) Residence. No. 823 N. Broad 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. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Redman Strong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1875

7. AGE Years 52 Months 6 Days 21 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER J. J. Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT J. R. Strong
(Address) Springfield Mo.

15. FILED 8/8, 1927 O. C. Horst MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/8 1927

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1927, to Aug 8, 1927, that I last saw her alive on Aug 7, 1927, and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Pneumonia (Lobar)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101 a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) W. A. Sebel, M. D.
8/8, 1927 (Address) Springfield Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL East Lawn Cemetery
DATE OF BURIAL Aug 9 1927

20. UNDERTAKER J. W. Klingner & Co 424 E. Pine Springfield Mo.
ADDRESS

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.