

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

Do not use this space.

Dr. Feller
30084

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Gayfield Primary Registration District No. 0001
 City Springfield (No. 912. E. Street) St. Mo. (Ward)

2. FULL NAME Nancy Harwood
 (a) Residence, No. 912. E. Street 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. B. Fields

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 - 7 11

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-13-1927, to 10-14-1927, that I last saw him alive on 10-13-1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Serility

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Serility
 5 yrs 11-7-2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Rheumatism
 (duration) 2 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Webster Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Nancy J. Sennell

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

12. MAIDEN NAME OF MOTHER Elysaith Sennell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bergen
 (STATE OR COUNTRY) Virginia

18. WHERE WAS DISEASE CONTRACTED 805 2nd St
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH DATE OF _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield Mo
 DATE OF BURIAL 10-16-1927
 (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Mary Clement
 (Address) 912. E. Street

15. FILED 10/16 1927 Ottorst
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield Mo
 DATE OF BURIAL 10/16 19 27
 (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20. UNDERTAKER Thomas Sweeney
 ADDRESS Springfield

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.

