BOOK 2 1928

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

Do not use this space.

847

1. PLACE OF DEATH
County Henry — Registration District No. 14 — File No.
Township — Primary Registration District No. 42 11 — Registered No. 1
City Windsor (No. ... St. ... Ward)

2. FULL NAME Mrs Nancy Douglass

(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 ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8	18	

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

9. BIRTHPLACE (CITY OR TOWN) Mansfield Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Sterling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Keen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT Miss Nan Douglass
(Address) Windsor Mo

15. FILED Jan 9, 1928 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Jan 7, 1928, that I last saw h[illegible] alive on Jan 7, 1928, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11 B

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 11 B

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) W. A. Blackmore, M. D
1-9, 1928 (Address) Wiscotta, 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: Shiloh Cem Johnson Co Mo — DATE OF BURIAL: Jan 9 1928

20. UNDERTAKER: W. E. Huston — ADDRESS: Windsor Mo.

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.