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

Do not use this space.
Callaway
8 or 9 P.M.
4652

File No. 4652
Registered No. 154

1. PLACE OF DEATH
County: Greene
Township: Franklin Cor.
City: Springfield (No. R #10 St. Ward)
Registration District No. 318
Primary Registration District No. 5439

2. FULL NAME: Nancy Ann Price
(a) Residence. No. Springfield Mo. St. R #10 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 27-1826

7. AGE: Years 101 | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work 1940 1070
(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): Tenn.

PARENTS
10. NAME OF FATHER: G. W. Simms
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Georgia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): England

14. INFORMANT: Sam F. Price
(Address): Springfield. Mo.

15. Filed 3-1 1928 C C Horst M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1928, to Feb 28, 1928, that I last saw h. alive on Feb 27, 1928, and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture, neck of right femur
Accident at home, not automobile
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY): Pneumonia Bronchi
Hypostatic
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1886
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Guy D Calloway, M. D
, 19 (Address) Springfield

*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: Elm Springs Cemetery
DATE OF BURIAL: Mar 2 1928
20. UNDERTAKER: G. W. Hingsen Reg. 4354
ADDRESS: Springfield. 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.