

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

Do not use this space.

11856

1. PLACE OF DEATH

County Saline
Township Arrow Rock
City Arrow Rock

Registration District No. 798
Primary Registration District No. 6035B

File No.
Registered No. 10

2. FULL NAME

Nancy Elizabeth Grant

(a) Residence. No. St. Ward.
(Usual place of abode)

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

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) Dec 29 - 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
89 2 29 2 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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)
Mo

10. NAME OF FATHER James Brown

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

12. MAIDEN NAME OF MOTHER Edigo Hurrest

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

14. INFORMANT Mrs Martha McGee
(Address) Mass Blk 7850

15. 3-30-28 Mad Hall Williams
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1927, to Jan 26 1928, and that I last saw her alive on Jan 12 1928, and that death occurred, on the date stated above, at Mo X

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Debility

162 (duration) 15 yrs. 5 mos. 5 da.

CONTRIBUTORY (SECONDARY) none

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED in

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. A. Williams M. D.

(Address) 227 19 St

*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

DATE OF BURIAL

Arrow Rock Bur Feb 28 1928

20. UNDERTAKER

ADDRESS

R. W. Campbell Marshall

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.

