MAY 29 1928

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

Do not use this space.

12639

File No.

Registered No. 37

1. PLACE OF DEATH

County: Clay

Township: Fishing River

City: Excelsior Springs (No. ... St. ... Ward)

Registration District No. 198

Primary Registration District No. 3611

2. FULL NAME Nancy Ann Rhinock

(a) Residence. No. McCelferry Sanitarium St., Ward. Kansas City Mo

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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: Wm Hyman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 29-1862

7. AGE: Years 65 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(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): West Virginia

PARENTS

10. NAME OF FATHER: Adam Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

12. MAIDEN NAME OF MOTHER: Sarah Ann Smith

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

14. INFORMANT: Mrs. T. H. Lyons

(Address): 815 Schafer

15. FILED 4/10 1928 W. D. Crowson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 7 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1928, to April 7, 1928, that I last saw h. alive on April 7, 1928, and that death occurred, on the date stated above, at 9.10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma

Upper GI (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Anemia

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

18. WHERE WAS DISEASE CONTRACTED: —

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray and Clinical

(Signed) R. M. Hanock, M. D

, 19 (Address) Excelsior Springs 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: Mt Washington — DATE OF BURIAL: 4-9 1928

20. UNDERTAKER: Herbert Hope — ADDRESS: Exc Springs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.