Y 31 1928

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

Do not use this space.

File No. 12827

Registered No. 19

1. PLACE OF DEATH
County: Dunklin — Registration District No. 289
Township: Cottonwill — Primary Registration District No. 3407
City ..... No. ..... St. ..... Ward)

2. FULL NAME: Nancy P. Nashroad
(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: 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)

7. AGE: Years: abt. 70 | Months | Days | 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): Dont Know

PARENTS
10. NAME OF FATHER: Dont "
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Dont "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know

14. INFORMANT: E. McCain
(Address): Malden Mo.

15. FILED: 4-23 1928 S.B. Mitchell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-23 1928

17. I HEREBY CERTIFY, That I attended deceased from April 19 1928, to April 23 1928, that I last saw him alive on April 19 1928, and that death occurred, on the date stated above, at 8-20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11h

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 11B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Demonstrated
(Signed) George Dolson, M. D
4/24 1928 (Address) 209 Berwick

*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: Bernie Mo. — DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: W. L. Craig — ADDRESS: Malden

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