

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.

1928

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

Do not use this space.

20073

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau No. 1493 Precinct Five

File No. 1123  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Nancy Jane Clymer  
(a) Residence. No. 1205 Laurel St. 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 / 1 / 8

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

9. BIRTHPLACE (CITY OR TOWN) Near Commerce (STATE OR COUNTRY) Scott County

10. NAME OF FATHER Jacob Finley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) America

12. MAIDEN NAME OF MOTHER Mrs. Knauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Edith Doyche (Address) 1403 Luse St.

15. FILED 6-11-28 W. K. S. S. S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-10, 1928, to 6-11, 1928, that I last saw her alive on 6-10, 1928, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
87A  
777401  
(duration) yrs. mos. da. \_\_\_\_\_  
CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) yrs. mos. da. \_\_\_\_\_

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

19. DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Physical  
(Signed) D. H. Hoff M.D.  
(Address) Cape Girardeau

\*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 Commerce Mo. DATE OF BURIAL 6-13 1928

20. UNDERTAKER U. Brunhoff ADDRESS 536 Brooking

