

McKelvey

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

Do not use this space.

27666

1. PLACE OF DEATH

County Cherokee
Township Cherokee
City Cherokee (No.)

Registration District No. 418
Primary Registration District No. 5572

File No.
Registered No. 116 St. Ward)

2. FULL NAME

Nancy Jane Kayser

(a) Residence. No. Chandler, Okla St. Chandler 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23, 1853

7. AGE YEAR 70 MONTHS 4 DAYS 13 At 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) Ill

10. NAME OF FATHER Joshua Browning

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

12. MAIDEN NAME (MOTHER) Arda Mc Bride

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

14. INFORMANT Lura L Browning (Address) R#1 Okaloosa

15. FILED 8/10 28 1928 W.H. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-3, 1928, to 8-7, 1928, and that I last saw him alive on 8-7, 1928, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

136 acute Dysentery
106 160 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) age and general debility (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

* WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W A McKelvey M. D.

8-8, 1928 (Address) Pittsburg 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 Chandler, Okla DATE OF BURIAL ✓ 1928

20. UNDERTAKER Wellsworth ADDRESS Pittsburg Kans

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.

PERMANENT RECORD

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