

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.

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

Do not use this space.

34064

1. PLACE OF DEATH

County *Lafayette*
Township *Odesa*
City *Odesa*

Registration District No. *464*
Primary Registration District No. *4277*

File No. *12*
Registered No. *54*
St. _____ Ward _____

2. FULL NAME

Nanny Absorn

(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 *20* 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 *negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bill Absorn*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *about 1869*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 59 — —

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 employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *Lexington*
(STATE OR COUNTRY) *mo.*

10. NAME OF FATHER *not known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *not known*
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER *not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *not known*
(STATE OR COUNTRY) _____

14. INFORMANT *Bill Absorn*
(Address) *Odesa, mo.*

15. *Nov 10 1928* *R. Scholay*
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 8 1928*

17. I HEREBY CERTIFY That I attended deceased from *Oct 7 1928* to *Oct 8 1928* that I last saw him alive on *Oct 8 1928*, and that death occurred on the date stated above, at *12:30 p.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS
Coronary Atherosclerosis

CONTRIBUTORY (SECONDARY) *Hypertension*

18. WHERE WAS DISEASE CONTRACTED *not known*

19. WHEN WAS DISEASE CONTRACTED *not known*

20. DATE OF DEATH *Oct 8 1928*

21. WHAT TEST CONFIRMED DIAGNOSIS *clinical*

22. (Signed) *R. Scholay*, M. D.
(Address) *Odesa, 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 *Odesa Cem.*

20. UNDERTAKER *L. C. Korman*

DATE OF BURIAL *10/10 1928*

ADDRESS *Odesa, mo.*

