C 26 1928

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

Do not use this space.

36229

1. PLACE OF DEATH
County Caldwell — Registration District No. 96 — File No.
Township — Primary Registration District No. 4058 — Registered No. 23
City Hamilton (No. ... St. ... Ward)

2. FULL NAME Nancy S. Allee
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Taylor Allee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15. 1852

7. AGE Years 75 Months 11 Days 21 If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Gallitan Mo
(STATE OR COUNTRY) Davis Co.

PARENTS
10. NAME OF FATHER James White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Nice C. Linnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Taylor Allee
(Address) Hamilton Mo.

15. FILED Jul 8 1928 Trusley Brown
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1928, to Nov 6, 1928, that I last saw her alive on Nov 5, 1928, and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
Several years (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis and Gastric ulcers (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? yes
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Lee J. Eads, M. D
Nov 7, 1928 (Address) Hamilton 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 Highland Cemetery — DATE OF BURIAL Nov. 8 1928

20. UNDERTAKER John Haughton — ADDRESS Hamilton Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.