1 8 1929

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

Do not use this space.

37988

1. PLACE OF DEATH
County St Francois
Township Pendleton
City ..... (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6023

File No. .....
Registered No. 167

2. FULL NAME Mrs Nancy E. Ditzler

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1866

7. AGE: Years 62 | Months 0 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) St Francois Co, Mo

PARENTS
10. NAME OF FATHER Alfred Skaggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Springfield, Mo
12. MAIDEN NAME OF MOTHER Martha Short
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Georgia

14. INFORMANT John Ditzler
(ADDRESS) R 6 Farmington Mo

15. FILED 12-4-28 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1928, to Nov 25, 1928, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 730 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic nephritis

131 / 1 / 1 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) M. M. Feezler, M. D
12/3, 1928 (Address) Desloge 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: O. D. Doe Run Mo — DATE OF BURIAL: 11/27 1928

20. UNDERTAKER: Resident Undt Co — ADDRESS: Fylton Mo

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 classided. Exact statement of OCCUPATION is very important.