

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

Do not use this space.

2389

1. PLACE OF DEATH  
 County Macon Registration District No. 526  
 Township Ryda Primary Registration District No. 5700  
 City Atlanta, Mo. (No. ....) St. .... Ward)

2. FULL NAME Nannie Bristow Shain  
 (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 16 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Ed. C. Shain  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
83 10 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House-hold duties  
 (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) Macon Co. Mo.

10. NAME OF FATHER Wesley O. Bristow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Overton Co. Tenn.

12. MAIDEN NAME OF MOTHER Sarah Cherry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Overton Co. Tenn.

14. INFORMANT Dr. Geo. Bristow  
 (Address) Painston Mo

15. FILED Feb 7, 1929 A. L. Campbell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6th 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Jan 6, 1929, that I last saw him alive on Jan 6, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetic Acidosis  
59 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) Diabetic Mellitus  
 (duration) yrs. mos. .... da.

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) A. L. Campbell, M. D.

1/10, 1929 (Address) Atlanta 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 Steel Cemetery DATE OF BURIAL Jan 8, 1929

20. UNDERTAKER H. M. Godding Atlanta Mo. ADDRESS

229 1929  
 61  
 2  
 3  
 23  
 1  
 2  
 2  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAREFULLY. AGE should be stated EXACTLY.

