

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

Do not use this space.

7102

1. PLACE OF DEATH

County Linn Registration District No. 1173
Township Spring Run Primary Registration District No. 3639
City Keosauqua (No.) St. Ward

File No.
Registered No. 10
St. Ward

2. FULL NAME

Nancy R. Murney

(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. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo H. Murney
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
68 | 6 | 22

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)

9. BIRTHPLACE (CITY OR TOWN) Berry Co, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Dornica

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy R Price

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

14. INFORMANT J. M. Dornica
(Address) Amoria, Mo.

15. FILED 2/17/29 J. Will Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16/1929
17. I HEREBY CERTIFY, That I attended deceased from 2/14/1929, to 2/16/1929, that I last saw her alive on 2/15/1929, and that death occurred, on the date stated above, at 11:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 1/2 hrs (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Heart
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Will Smith, M. D.

2/17, 1929 (Address) Keosauqua, 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 Spring Grove Cem Keosauqua Mo. DATE OF BURIAL 2/17/1929
BY UNDERTAKER J. M. Dornica ADDRESS Keosauqua 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 classified. Exact statement of OCCUPATION is very important.

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