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.

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

Do not use this space.

10767

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1275

City Kansas City (No. 3406 Michigan St. Ward)

**2. FULL NAME** Nannie Clark Sheets

(a) Residence. No. 3406 Michigan St., 5 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | sidowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jackson Monroe Sheets

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1845

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 0 | 0 | |

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)

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Woodsfield (STATE OR COUNTRY) Ohio

2

PARENTS

10. NAME OF FATHER Daniel Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wheeling (STATE OR COUNTRY) W. Virginia

2

12. MAIDEN NAME OF MOTHER Mary Henthorne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Woodsfield (STATE OR COUNTRY) Ohio

2

14. INFORMANT Mrs E. T. Brigham (Address) 3406 Michigan

15. FILED 3-14, 1929 M M Evans Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from April, 1928, to March 11, 1929 that I last saw her alive on March 11, 1929, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of rectum

400

45

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Frankenberger, M. D

Mar. 13, 1929 (Address) 824 Rialto Bldg

*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~~ placed in Pantheon Forest Hill - Body to be — DATE OF BURIAL 3-14 1929

20. UNDERTAKER Stiles & McClure — ADDRESS 3235 Gillham Plaza

Dr. J. M. Frankenberger,
824 Rialto Bldg.,
Main3154
Hours 2 o'clock