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.

AY 28 1929

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

Do not use this space.

15489

1. PLACE OF DEATH
County Nodaway — Registration District No. 624 — File No.
Township Hopkins — Primary Registration District No. 5826 — Registered No. 4
City ~~Hopkins~~ (No. ..... St. ..... Ward)

2. FULL NAME Nancy Maria Clymens
(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 49 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josheph Clymens

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 9, 1837

7. AGE: 91 YEARS, 9 MONTHS, 27 DAYS. 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): for self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Rochester
(STATE OR COUNTRY): NY.

PARENTS
10. NAME OF FATHER: Abraham Hendrickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y.
12. MAIDEN NAME OF MOTHER: unk.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unk.

14. INFORMANT: Gene Clymens
(Address): Hopkins, Mo.

15. FILED 4/6 1929 O. H. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/10, 1929, to 4/5, 1929, that I last saw her alive on 3/10, 1929, and that death occurred, on the date stated above, at 2:24 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
(duration) ..... yrs. ..... mos. 26 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. W. Kirk, M. D.
4/6 1929 (Address) Hopkins, 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: Hopkins, Mo.-Hopkins, Cem. — DATE OF BURIAL: apr. 7 1929

20. UNDERTAKER: A. L. Stillman — ADDRESS: Bedford, Ia.