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

Do not use this space.

27514-C

1. PLACE OF DEATH
County: Greene
Township: North Brookline
City: Springfield
Registration District No. 377
Primary Registration District No. 5446
(No. R #5 St. Ward)
File No.
Registered No. 37

2. FULL NAME: Nancy Elizabeth Stafford
(a) Residence. No. R#5 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: Jesse S. Stafford

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	7	27	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: John Hart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina
12. MAIDEN NAME OF MOTHER: Susan Whitlock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: J. S. Stafford
(Address): Springfield - Mo.

15. FILED 8-20-1929 J. I. Grant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/19 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-18, 1929, to 8-19, 1929 that I last saw her alive on 8/18, 1929, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion - 118 C
112 C 162
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General Infirmities of age
(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?
(Signed) S. F. Freeman, M. D
8/20, 1929 (Address) Springfield

*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: Robertson Prairie
DATE OF BURIAL: Aug 21 1929

20. UNDERTAKER: J. W. Klingner & Co.
ADDRESS: Springfield Mo.