O F Hatton

Do not use this space.

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

34373

1. PLACE OF DEATH
County: Macon
Township: Monroe
City: (No.) St. Ward)
Registration District No.: 529
Primary Registration District No.: 5706
File No.:
Registered No.:

2. FULL NAME: Nancy Loudon

(a) Residence. No. (Usual place of abode) St., Ward. (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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John M. Loudon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 18-1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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): Tennessee

PARENTS

10. NAME OF FATHER: Gendison Fletcher

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

12. MAIDEN NAME OF MOTHER: Anne Pritchett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Mrs Geo. Younts
(Address): Callao. Mo

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-30 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1-21, 1929, to Oct-29, 1929, that I last saw her alive on Oct-29-a, 1929, and that death occurred, on the date stated above, at 10.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Interstitial Nephritis 132 Fl

130 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Bright's Disease

(duration) yrs. 10 mos. ds.

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) O. F. Hatton M. D.
, 1929 (Address) Huntsville 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	DATE OF BURIAL
Oakwood Cemetery	Nov 1 1929
20. UNDERTAKER	**ADDRESS**
Albert Skinner	Macon 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Macon — Registration District No.: 529 — File No.:

Township: Morrow — Primary Registration District No.: 5706 — Registered No.:

City: (No. ..., ... St. ..... Ward)

2. FULL NAME Nancy Loudon

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
F	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Loudon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18 - 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	7	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) Tennessee

PARENTS

10. NAME OF FATHER Grendison Fletcher

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

12. MAIDEN NAME OF MOTHER Anne Pritchett

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

14. INFORMANT Mrs Gus Yountz (Address) Callao Mo.

15. FILED 1-8, 1930 F. L. Trippeer, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct - 1 - 1929 to Oct 29, 1929 that I last saw her alive on 29, 1929, and that death occurred, on the date stated above, at 10 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Interstitial Nephritis
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Brights Disease
(duration) yrs. 10 mos. ds.

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) O. F. Halton, M. D.
11/1, 1929 (Address) Huntsville 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	DATE OF BURIAL
Oakwood Cemetery	Nov 1 1929
20. UNDERTAKER	**ADDRESS**
Albert Skinner	Macon Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1929
34373