

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

Do not use this space.

38182

**1. PLACE OF DEATH**

County St. Clair Registration District No. 762  
 Township Williams Primary Registration District No. 6003  
 City Wheatblair No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME** Nancy E Cordell

(a) Residence No. Wheatblair 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Cordell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 22, 1845</u>		
7. AGE <u>84</u> YEARS	<u>5</u> MONTHS	<u>9</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

9. BIRTHPLACE (CITY OR TOWN) Georgia  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Andrew Dwygood</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT (Address) John McHenry  
Wheatblair

15. FILED Nov 4 1929 Mrs. C. L. Landaker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Oct 13 1928 to Oct 30 1929  
 that I last saw her alive on Oct 30 1929, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Bright's disease

131 / 129 (duration) 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS usual symptoms  
 (Signed) W. O. Beck M. D.

11-4, 1929 (Address) Wheatblair 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 Robeson Cemetery DATE OF BURIAL 11-3-1929

20. UNDERTAKER J. P. Luckey ADDRESS Wheatblair Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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