

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

Do not use this space.

1. PLACE OF DEATH

County Monroe Registration District No. 5-83
Township Jefferson Primary Registration District No. 5-781
City (No.) St. Ward

File No. 41476
Registered No. 9
St. Ward

2. FULL NAME

Nancy Bird

(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 61 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 (widowed)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. Bird

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1834

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>95</u>	<u>0</u>	<u>5</u>	

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)

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

10. NAME OF FATHER William Davis

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

12. MAIDEN NAME OF MOTHER Jennie Johnson

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

14. INFORMANT Joseph Money
(Address) Paris, Mo.

15. FILED 12/2, 1929 T. H. Bell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1929, to Dec 2, 1929 that I last saw h. er alive on Nov 28, 1929, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia with
arterio-sclerosis
(duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) HTN (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 87B
IF NOT AT PLACE OF DEATH 97

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical notes
(Signed) T. H. Bell M. D.

12/2, 1929 (Address) Paris 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 Stoutville, Mo. DATE OF BURIAL Dec. 3, 1929

20. UNDERTAKER Speed & Blakely ADDRESS Paris, Mo.

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

