

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

Do not use this space.

42486

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Deaconess Hosp.)

File No.....
Registered No. 12219 Ward

2. FULL NAME

Nannie M. Upton
(a) Residence. No. 5894 Clemens St., 5 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Joseph B. Upton

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

May 19, 1851

7. AGE

78

YEARS

6

MONTHS

26

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Martinsville

(STATE OR COUNTRY)

Va

10. NAME OF FATHER

Joseph J. Gravelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

12. MAIDEN NAME OF MOTHER

Matha Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

14. INFORMANT

Engene V. Upton

(Address)

Springfield Mo.

15. FILED

DEC 16 1929

Max C. Harker

REGISTRAR

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

Dec 15 1929

17.

I HEREBY CERTIFY, That I attended deceased from October 15, 1929 to Dec 15, 1929

that I last saw her alive on Dec 14, 1929, and that death occurred, on the date stated above, at 7:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Cardiac Decomposition

(duration) - yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY)

Diabetes Mellitus Chronic
nephritis (duration) 5 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? Physical Examination

(Signed) Ben W. Bull M. D.

12-15, 1929 (Address) 6104 Easton Ave.

*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

Bolivar Mo.

Dec 16 1929

20. UNDERTAKER

ADDRESS 1167-29

Shepard Funeral Home Hamilton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1801
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