APR 23 1930

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

Do not use this space.

7940

1. PLACE OF DEATH
County: Cape Girardeau
Township: Byrd
City: ..... (No. ..... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 5179

File No. 29
Registered No. 13

2. FULL NAME: Nancy Jane Oldham

(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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: N. C. Oldham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-8-1861

7. AGE: Years 68 | Months 10 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(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): Cape Girardeau Co Mo

PARENTS
10. NAME OF FATHER: Erskine Harrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Jane Mitchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Ella Gohmann
(Address): Jackson Mo

15. FILED: 3-7, 1930 W. G. Lubin, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to Mar 6th, 1930, that I last saw h.e. alive on March 6, 1930, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
107A
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Sign
(Signed) W. F. Hoffmann, M. D
3-7, 1930 (Address) Jackson 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: Woodlawn Cemetery
DATE OF BURIAL: March 9th 1930
20. UNDERTAKER: McCombs Funeral Co
ADDRESS: Jackson 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.