

APR 30 1930

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

Do not use this space.

8528

1. PLACE OF DEATH

County Hawley
Township Willow Spgs
City (No.) St. Ward

Registration District No. 3851
Primary Registration District No. 5536

File No.
Registered No. 12
St. Ward

2. FULL NAME

Mrs Francis Nease

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Nease</u>		
6. DATE OF BIRTH (MONTH DAY AND YEAR) <u>3-20-56</u>		
7. AGE YEARS MONTHS DAYS <u>73 11 23</u>	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)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER J. D. Cargle

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Joe Nease
(Address) Willow Springs Mo

15. FILED 3/4 19 30 J. B. Ferguson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2, 19 30

17. I HEREBY CERTIFY, That I attended deceased from July 11, 19 29 to May 2 19 30 (that I last saw h. a. alive on July 1 19 30, and that death occurred, on the date stated above, at 9 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atherosclerosis
82 A
97

(duration) 5 yrs. mos. ds.
CONTRIBUTORY apoplexy
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At place of death
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 3/3

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. B. Davis M. D.

3/3 19 30 (Address) Willow Springs 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 Nease Cemetery
DATE OF BURIAL 3/3 19 30

20. UNDERTAKER L. R. Burns
ADDRESS Willow Spgs 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.

RECORDING INK—THIS IS A PERMANENT RECORD

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