

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

Do not use this space.

12471

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Sumner Primary Registration District No. 117
City Blue Springs (No. _____ St. _____ Ward)

2. FULL NAME

Nancy Elizabeth Witt
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 13 - 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 - 12
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(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) Virginia

10. NAME OF FATHER John M. Deatherford

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

12. MAIDEN NAME OF MOTHER Adeline M. Carr

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

14. INFORMANT Sallie Witt
(Address) Blue Springs Mo

15. FILED 5/18 1930 J. W. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to April 25th, 1930 that I last saw her alive on April 23rd, 1930 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis
92A
97 (duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio-sclerosis
(SECONDARY) (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? At place of death
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs & symptoms
(Signed) W. G. Rowe, M. D.
, 19 _____ (Address) Blue 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 Blue Springs, Mo DATE OF BURIAL Apr 27 1930

20. UNDERTAKER J. H. Stanley Blue Springs ADDRESS _____

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.

MAY 26 1930

