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.

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

Do not use this space.

26563

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 273
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Nancy Catherine Landreth
(a) Residence. No. 7 W. Short St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 - 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	10	5	

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) Johnson County
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Gallihes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ida Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Grace Carmon
(Address) 2302 Troost K C Mo

15. FILED 8-30 1930 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1930, to Aug 29, 1930 that I last saw her alive on Aug 1st, 1930, and that death occurred, on the date stated above, at 11:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis plus
" Myocarditis
131
93c
about 2 yrs. mos. ds.
(duration)

CONTRIBUTORY (SECONDARY) 1290
(duration) ..... 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? Clinical
(Signed) F. L. Cook, M. D.
8/30, 1930 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Aug 31 1930
20. UNDERTAKER	ADDRESS
Ott + Mitchell	Independence Mo