OCT 31 1930

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

Do not use this space.

30830

1. PLACE OF DEATH
County Pulaski — Registration District No. 716 — File No.
Township Tavern — Primary Registration District No. 5945 — Registered No. 19
City (No. St. Ward)

2. FULL NAME Nancy Minerva Cherry
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1849

7. AGE: YEARS 81 — MONTHS 4 — DAYS 21 — IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired unknown
(b) General nature of industry, business, or establishment in which employed (or employer): unknown
(c) Name of employer: unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER John Mayfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee Nancy Hinkle
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Laura Grayson
(Address) Newburg Mo

15. FILED 9/6, 1930 W. J. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1930

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929 to Sept 5, 1930 that I last saw her alive on Sept 5, 1930, and that death occurred, on the date stated above, at 10.15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
V3A
(duration) 1 yrs. 5 mos. 3 ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) 0 yrs. 0 mos. 0 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?
(Signed) W. J. Hill, M. D.
9/6, 1930 (Address) Crocker, 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: Crocker Cemetery — DATE OF BURIAL: Sept 6 1930

20. UNDERTAKER: Paul B. Hoops — ADDRESS: Crocker 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.