

NOV 21 1930

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

Do not use this space.

32278

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township -----

Primary Registration District No. 3709

City ----- (No. -----)

File No. -----

Registered No. 531

St. ----- Ward -----

2. FULL NAME

Mrs Nancy Oller. So East Mo Hospital  
Commerce Mo

(a) Residence. No. ----- St. ----- Ward -----

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 White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

-----

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

Jan 12 - 1858

7. AGE

YEARS 72 MONTHS 9 DAYS 0  
If LESS than 1 day, ----- hrs. or ----- min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework  
(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)

Cretten Co Ky

10. NAME OF FATHER

Dont Know

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

Dont Know

12. MAIDEN NAME OF MOTHER

Dont Know

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

Dont Know

14. INFORMANT (Address)

Mrs Mary A Darcy  
Commerce Mo

15. FILED

11/13 1930  
W. E. Kaemler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1930, to Oct 12, 1930 that I last saw her alive on Oct 11, 1930 and that death occurred, on the date stated above, at 8 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Endocarditis.  
Cerebral Embolism  
(duration) 2 yrs. ----- mos. ----- ds.  
CONTRIBUTORY (SECONDARY) -----  
(duration) ----- yrs. ----- mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Commerce Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF -----

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Collector Clinical Endoc...  
(Signed) Carl W. ... M. D.  
, 19 ----- (Address) Cape Girardeau

\*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

DATE OF BURIAL

Oak Dale Cent 10-13 1930

20. UNDERTAKER

ADDRESS

Haman's Funeral Home Cape Girardeau Mo

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.

4/15/54

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