DEC 20 1930

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

Do not use this space.

35608

1. PLACE OF DEATH
County Christian
Township Sunset
City ..... (No. ..... St. ..... Ward)
Registration District No. 185
Primary Registration District No. 6251
File No. .....
Registered No. .....

2. FULL NAME Nancy Jane Fitzpatrick
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1848

7. AGE Years 82 Months 3 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housing
(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) Indiana

PARENTS
10. NAME OF FATHER Wesley Ragsdale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Phoebe Brington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Bob Lassley
(Address) Fordland Mo. R.2.

15. FILED 12-3, 1930 Mrs. L. B. Simmons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10-1930

17. I HEREBY CERTIFY, That I attended deceased from Oct-1-30, 1930, to Nov-1-30, 1930 that I last saw her alive on 11-1-30, 1930, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular insufficiency
(Causing dropsy)
92R
102
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) old age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. O. H. Williams, M. D
11-11, 1930 (Address) Fordland, 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 Ragsdale
DATE OF BURIAL 11-12 1930

20. UNDERTAKER E F Stover
ADDRESS Fordland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.