DEC 29 1930

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

Do not use this space.

35644

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No. 111

2. FULL NAME Lotana Nanney
(a) Residence. No. I. O. O. F. Home St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-16-1870

7. AGE: Years 59 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): W. Va.

PARENTS
10. NAME OF FATHER: Eli Hatfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Susan Nuff.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

14. INFORMANT: Paul Rogers Supt.
(Address): Liberty Mo.

15. FILED 11-12 1930 W. H. Gadson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 10 1930.

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1926 to Nov 10 1930 that I last saw h. alive on Nov 10 1930, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pellemorony Tuberculosis
Ex. Lungs
(duration) 10 yrs. mos. ds.

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

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Matthews, M. D.
11-12 1930 (Address) Liberty 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: I. O. O. F. Cemetery
DATE OF BURIAL: 11-12 1930.

20. UNDERTAKER: Marvin Hersel
ADDRESS: Liberty Mo.

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