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

Do not use this space.

73

1. PLACE OF DEATH

County: Barry — Registration District No.: 30 — File No.:

Township: — Primary Registration District No.: 3003 — Registered No.: 4

City: Monett (No. ..... St. ..... Ward)

2. FULL NAME: Mrs Nancy Elizabeth Allcock

(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: F

4. COLOR OR RACE: W

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

5a. IF MARRIED, WIDOWED OR DIVORCED — HUSBAND OF (OR) WIFE OF: J. T. Allcock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 4 1861

7. AGE — Years: 69 — Months: 9 — Days: 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): St Francois Co. Mo

PARENTS

10. NAME OF FATHER: Asa Bennett

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

12. MAIDEN NAME OF MOTHER: Nancy Williams

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

14. INFORMANT: Mrs. A. S. Medlin
(Address): Monett Mo

15. FILED 1-8-, 1931 — W. M. West, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to ....., 19..., that I last saw ..... alive on Jan 7, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

1 yr

1 yr 2 mo (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis

(duration) 2 (?) 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? Physical Signs
(Signed) Ernest Mitchell, M. D
, 19 (Address) Monett 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: Colton Cemetery — DATE OF BURIAL: 1/9 1931

20. UNDERTAKER: Callaway — ADDRESS: Monett 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.

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