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

Do not use this space.

85

8810

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1001 — File No.: 234
Township: — Primary Registration District No.: — Registered No.:
City: St. Joseph (No. 620 Kentucky St. St. Ward)

APR 21 1931

2. FULL NAME: Nancy Adeline Gann
(a) Residence. No. 620 Kentucky St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 22, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	1	10	

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): Unknown
(STATE OR COUNTRY): Unknown

PARENTS
10. NAME OF FATHER: John Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Matilda Gann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Herbert H. Roberts
(Address) 620 Kentucky St.,

15. FILED MAR 5, 1931 — John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931, to Mar 3, 1931, that I last saw her alive on Mar 3, 1931, and that death occurred, on the date stated above, at 7.20 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 7.20 PM

Acute Uremic Poisoning
131
1922 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis probably (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? Clinical
(Signed) H. C. Robertson, M. D.
Mar 5, 1931 (Address) St. Joseph 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: King Hill Cem. — DATE OF BURIAL: March 5 31

20. UNDERTAKER: Fred D. Clark — ADDRESS: 5025 King Hwy

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.