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

Do not use this space.

25755

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 63
Township — Primary Registration District No. 43 63 — Registered No.
City Neosho (No. South Valley Street St. Ward)

2. FULL NAME Nancy Elizabeth Hardin
(a) Residence. No. Branson Mo 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. 7 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 1852

7. AGE: YEARS 78 — MONTHS 8 — DAYS 16 — 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): Georgia

PARENTS
10. NAME OF FATHER: Allen Woody
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Elizabeth Terrill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: Sarah Woody
(Address) Branson Mo

15. FILED 7/30 1931 C. E. Marress REGISTRAR F. M.

## MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930, to July 20, 1931 that I last saw her alive on July 20, 1931 and that death occurred, on the date stated above, at 7:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular heart disease
Chronic Interstitial nephritis
Hypertension and fracture of left
femur caused by a accident fall July 7 1931
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 186A
(duration) 1843 yrs. mos. ds.

131

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) [illegible], M. D.
7/20, 1931 (Address) Neosho 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: Branson Mo — DATE OF BURIAL: 7/21 1931

20. UNDERTAKER: Brigham's — ADDRESS: Neosho

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.

AUG 28 1931