

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

Do not use this space.

33296

1. PLACE OF DEATH

County Schuyler Registration District No. 806
 Township Paris Primary Registration District No. 4485
 City Queencity Mo. (No. _____, _____, _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Nancy A. Satterfield

(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 30 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Housekeeper#
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24th 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 . 0 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Kept House For Self,

9. BIRTHPLACE (CITY OR TOWN) Idaho Ohio
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER John Satterfield
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harpers Ferry Vir,
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Copas
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harpers Ferry Vir,
 (STATE OR COUNTRY)

14. INFORMANT Mary Satterfield Patterson
 (Address) QueenCity Mo.

15. FILED Sept 7 1931 J. D. Jones
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1931
 17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Sept 30, 1931, that I last saw her alive on Sept 30, 1931, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epithelioma on Left
cheek
45 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 450 (duration) _____ 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
 (Signed) Wes King M. D.
 19 (Address) Queen City 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 Queen City Cemetary DATE OF BURIAL 10/1 1931
 20. UNDERTAKER Wm. N. West ADDRESS Queen City mo

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

OCT 29 1931

