

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township 15th  
City Kansas

Registration District No. 389  
Primary Registration District No. 1002  
(No. 4415 Bellview)

File No. 4894  
Registered No. 708  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nancy Fiddia Halkney  
(a) Residence, No. 4415 Bellview St. 7 Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1849

7. AGE YEARS 83 MONTHS — DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) Erie Pa. (STATE OR COUNTRY) 2

10. NAME OF FATHER James Silverthorn  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know 31  
12. MAIDEN NAME OF MOTHER Fish  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Phillip Trippi  
(Address) 4415 Bellview

15. FILED 7/24 32 M.M. Cerome REGISTRAR  
assr

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24-1932

17. I HEREBY CERTIFY, That I attended deceased from 2-14- 1932 to 2-24- 1932 that I last saw him alive on 2-24- 1932, and that death occurred, on the date stated above, at 4-2- m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia  
10 days (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 1070 (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 1

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_ (Signed) M. P. ... M. D. 7/24 1932 (Address) 200 Argyle Bld.

\*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 Forest Hill Cemetery DATE OF BURIAL 2-25-1932

20. UNDERTAKER Passantino Bros ADDRESS K. E. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

