

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.

1932  
 APR 28 1932

Dr. W.

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

Do not use this space.

93785

1. PLACE OF DEATH

72 County New Madrid Registration District No. 567  
 Township St. Johns Hol. Primary Registration District No. 5813  
 City (No. ) St. (Ward)

2. FULL NAME

Nancy Morgan  
 (a) Residence, No. St. 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

13. NAME J. J. Mansfield 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny, Mo

15. MAIDEN NAME Sarah Whitlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

17. INFORMANT (ADDRESS) N. J. Mansfield - East - Prairie, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Better Cem. DATE Mar. 2 1932

19. UNDERTAKER (ADDRESS) Spinks & Shelby - East Prairie, Mo

20. FILED 3-1 - 1932 Cliff M. Hodge Registrar

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1932 to March 1 1932

I last saw her alive on Feb 29 1932 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset about 3 yrs.

23A

Other contributory causes of importance:

D

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. W. Whitaker, M. D.

(Address) East Prairie, Mo.

