

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

Do not use this space.

26802

1. PLACE OF DEATH
 68 County Moultrie Registration District No. 571
 1 Township Waldice Primary Registration District No. 4335-
 2 City California (No. _____) St. _____ Ward _____

2. FULL NAME Nancy F Longan
 (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 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 W. 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) Apr 16 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 11

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) California Mo

10. NAME OF FATHER Oleas Meredith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Nancy Nelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Jack Longan
 (Address) Tipton Mo

15. FILED 8-27-1932 Gas. W. Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932, to Aug 26, 1932, that I last saw him alive on Aug 26, 1932, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture right femur (from fall)
 (duration) yrs. mos. ds. 26
 CONTRIBUTORY (SECONDARY) Hypertensive
Pneumonia (duration) yrs. mos. ds. 15

18. WHERE WAS DISEASE CONTRACTED 1860

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS X ray
 (Signed) L. L. Latham, M. D.
 , 19 (Address) California

*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 Salvian Bapt Cem DATE OF BURIAL 8/28 1932

20. UNDERTAKER Hullman & Finney ADDRESS California

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.

SEP 24 1932

