

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

Do not use this space.

31789

**1. PLACE OF DEATH**

26 County Cole Registration District No. 213  
3 Township ..... Primary Registration District No. 2014  
8 City Jefferson City (No. .... St. .... Ward)

File No. 232  
Registered No. ....

**2. FULL NAME**

Nancy Ellen Adanson

(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 X 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 widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1838  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 94 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Indiana 2

MOTHER 13. NAME Henry Bales

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. K. 31

15. MAIDEN NAME Charity Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. K.

17. INFORMANT Mrs. J. C. Houston (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREATION, OR REMOVAL PLACE Jefferson Mo. DATE Oct 6 1932

19. UNDERTAKER W. Wallace (ADDRESS) Jefferson Missouri

20. FILED 10/2/32 N. Bedford Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Oct 5 1932  
I last saw her alive on Oct 4 1932 Death is said to have occurred on the date stated above, at ..... m.

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

Arterio Sclerosis Date of onset 131  
97 / 132

Other contributory causes of importance: Inherital Nephritis 1931

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phys. Ex. Were 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? Yes  
If so, specify .....

(Signed) W. Wallace M. D.  
(Address) Jefferson City Mo

NOV 2 1932

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of Cause of Death

