

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

Do not use this space.

40768

1. PLACE OF DEATH
70 County Moultrie
Township Proctor
City Middleton (No.)

Registration District No. 591
Primary Registration District No. 5789

File No.
Registered No.
St. Ward

2. FULL NAME Nancy E. Jarvis
(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 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of James Jarvis
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT Ethel White
(Address) 1005 East Armour

15. FILED 12/29 1932 W. W. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28th 1932
17. I HEREBY CERTIFY, That I attended deceased from Dec 26th 1932 to Dec 28th 1932 that I last saw her alive on Dec 26th 1932 and that death occurred, on the date stated above, at 9 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11 73
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 110
(duration) yrs. mos. da.

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 bedside
(Signed) A. H. Huch M. D.

Dec 28th 1932 (Address) Middletown, 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 Middletown DATE OF BURIAL Dec 29 1932

20. UNDERTAKER J. W. Kuhner ADDRESS Wellsville

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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