

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

58 1933
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.

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

Do not use this space.

1. PLACE OF DEATH
39 County Greene Registration District No. 320
Township Center Primary Registration District No. 5443
City (No. _____) St. _____ Ward _____

File No. 55430
Registered No. _____

2. FULL NAME NANNIE TITARSEE
(a) Residence, No. 125 Bois Dore St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-26-1860
7. AGE YEARS 72 MONTHS 6 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Usual
10. Date deceased last worked at this occupation (month and year) 1-26 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knott Co Ky

MOTHER FATHER 13. NAME Nathans Rawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Malinda Crowley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn or Ky

17. INFORMANT Mrs Fred Steyer (ADDRESS) R 2 Elwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek DATE 7-20 1933

19. UNDERTAKER Rudolph Hoyal (ADDRESS) 1301 Bois Dore Mo

20. FILED 7/20/1933 Lucy E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19- 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1932 to 2-19- 1933

I last saw him alive on 2-19- 1933. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Cerebral Date of onset 1915
Pneumonia
1063
Other contributory causes of importance: ✓

Name of operation g Date of ✓
What test confirmed diagnosis? metastasis Was there an autopsy? no

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? no
If so, specify _____

(Signed) B. J. Winder, M. D.
(Address) Bois Dore Mo

