

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

Do not use this space.

**20326**

**1. PLACE OF DEATH**

66 County MacDougal  
Township McPheeler  
City Forest (No. ...., ..... St. .... Ward)

Registration District No. 5-18  
Primary Registration District No. 5694

File No. 1-1933  
Registered No. 71

**2. FULL NAME**

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

Nancy Jane Coak

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 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) May 7 49

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 1 10

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

13. NAME Benjamin Moses

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

15. MAIDEN NAME Hubble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) E. Coak

18. BURIAL, CREMATION OR REMOVAL PLACE DATE Buried 6/24/35

19. UNDERTAKER (ADDRESS) W. H. Mitchell

20. FILED Jun 30 1935

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23 1933

I HEREBY CERTIFY, That I attended deceased from 6 15 1933, to 6 23 1933

I last saw her alive on 6-22-1933. Death is said to have occurred on the date stated above, at 7:30 m.

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

Paratyphoid  
Nephritis - chronic  
131 131

Date of onset

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... 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

So, specify (Signed) H. L. Barnard M. D.  
(Address) Greenwood

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

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.

