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.

SEP 26 1933

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

Do not use this space.

29046

1. PLACE OF DEATH

County Charlton — Registration District No. 171 — File No.

Township Keytesville — Primary Registration District No. 4100 — Registered No. 23

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nancy E. Gribble

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 F — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tipton Gribble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1890

7. AGE — YEARS 42 — MONTHS 10 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Mo

FATHER

13. NAME Jefferson Faudree

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

MOTHER

15. MAIDEN NAME Lucy Clubbs

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

17. INFORMANT (ADDRESS) Tipton Gribble

18. BURIAL, CREMATION, OR REMOVAL PLACE Bennett DATE 9-3 1933

19. UNDERTAKER (ADDRESS) Winkelmeyer Bros

20. FILED ~~Aug~~ Sept 9, 1933 Zottie Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Sept 1, 1933

I last saw her alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 10:54 P.m.

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

Acute Congestive Cardiac failure — Date of onset 9/1/33

95 B
120 A
93 D

95107

Other contributory causes of importance: hypertension, cardiac asthma; nephritis.

Name of operation none Date of

What test confirmed diagnosis? clinical 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) A. H. Amron, M. D.

(Address) Keytesville Mo.