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.

NOV 10 1933

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

Do not use this space.

File No. 34238

Registered No. 122

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Registration District No. 773

Primary Registration District No. 6018A

Near City Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Nancy A. Ezell

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 44 Years; Months ?; Days ?; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8

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): Tenn. 2

FATHER

13. NAME: J. W. Ezell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hospital Cemetery DATE 11-1-, 1933

19. UNDERTAKER (ADDRESS) Hospital No-4 Farmington Mo

20. FILED 11-1-, 1933 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-10-33, 19..., to 10-30-33, 19...

I last saw h. alive on 10-30-, 1933 Death is said to have occurred on the date stated above, at 10:05 a.m.

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

	Date of onset
Dementia Praecox	1911
Complicated by	
Bronchopneumonia	2 da
	2 wk

Other contributory causes of importance: Exhaustion, Pulmonary tuberculosis, Malnutrition due to debilitated condition

Name of operation none Date of none

What test confirmed diagnosis? clinical Was there an autopsy? none

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) H. C. Brewer M.D., M. D.

(Address) St. Hosp. Farmington Mo