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

Do not use this space.

22233

JAN 26 1934

Registration District No. 745

Primary Registration District No. 4476

File No.

Registered No. 13

1. PLACE OF DEATH
County: Saline
Township: Grand Pass
City: Malta Bend (No. ..... St. ..... Ward)

2. FULL NAME: Nancy Bradley Douglas

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: L.C. Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19, 1868

7. AGE: Years 65 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Malta Bend, Mo.

FATHER

13. NAME: Robert F. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Fannie J. Van Meter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cirofleville, Ohio

17. INFORMANT (ADDRESS): Mrs. Fannie D. Wilson, Malta Bend, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Malta Bend, Mo. DATE: 1933

19. UNDERTAKER (ADDRESS): Vaudiver Mortuary, Marshall, Mo.

20. FILED: Mar 2 1933 W. Fletcher Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Dec 2, 1933

I last saw her alive on Dec 2, 1933. Death is said to have occurred on the date stated above, at 4:15 A m.

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

	Date of onset
Gallstones and Impacted Gall Bladder	1929
126	
127B	

Other contributory causes of importance:

Name of operation: Gall Bladder Removal Date of: Sept 1933

What test confirmed diagnosis? Operation 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. F. Brown, M. D.
(Address) Malta Bend, Mo.

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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2