

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

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

Do not use this space.

1562

1. PLACE OF DEATH

County Greene Registration District No. 408
Township Wagon Primary Registration District No. 3030
City Carthage (No.) St. Ward)

2. FULL NAME

Nancy Jane Speese
(a) Residence, No. 10th Garrison St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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 B. H. Speese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 10 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Unknown Ohio

FATHER
13. NAME James C. Speese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT Nancy J. Speese (ADDRESS) 10th Garrison - City

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage DATE Jan. 19, 1934

19. UNDERTAKER Joseph M. ... (ADDRESS) Carthage, Missouri

20. FILED Jan 12, 1934 E. B. Clinton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1934

22. I HEREBY CERTIFY That I attended deceased from March 1, 1933 to Jan. 10, 1934
I last saw her alive on Jan. 10, 1934 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Brights Disease Date of onset 2 years ago

Other contributory causes of importance: Senility and Arteriosclerosis

Name of operation 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 Dr. Hatcher (Signed) Dr. Hatcher, M. D.
(Address) 338 Grant St.

