

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cherokee
Township Rolla mo
City Rolla mo

Registration District No. 677
Primary Registration District No. 4403

File No. 9996
Registered No. 30
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Nancy Jane Burton Ward.

(Usual place of abode) Rolla mo (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 ♀ 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 1 18

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) Cherokee Mo

MOTHER 13. NAME Secretary Jones

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

15. MAIDEN NAME Def.

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

17. INFORMANT Wm Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE Mar 18 1934

19. UNDERTAKER Wm Brown (ADDRESS) Rolla, Mo.

20. FILED Mar 17 1934 Joe F. Ryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1934, to Mar 16 1934.
I last saw him alive on Mar 16 1934. Death is said

to have occurred on the date stated above, at 2:35 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Gastritis Date of onset Mar 11
1200
1186
Other contributory causes of importance: Acute Indigestion same

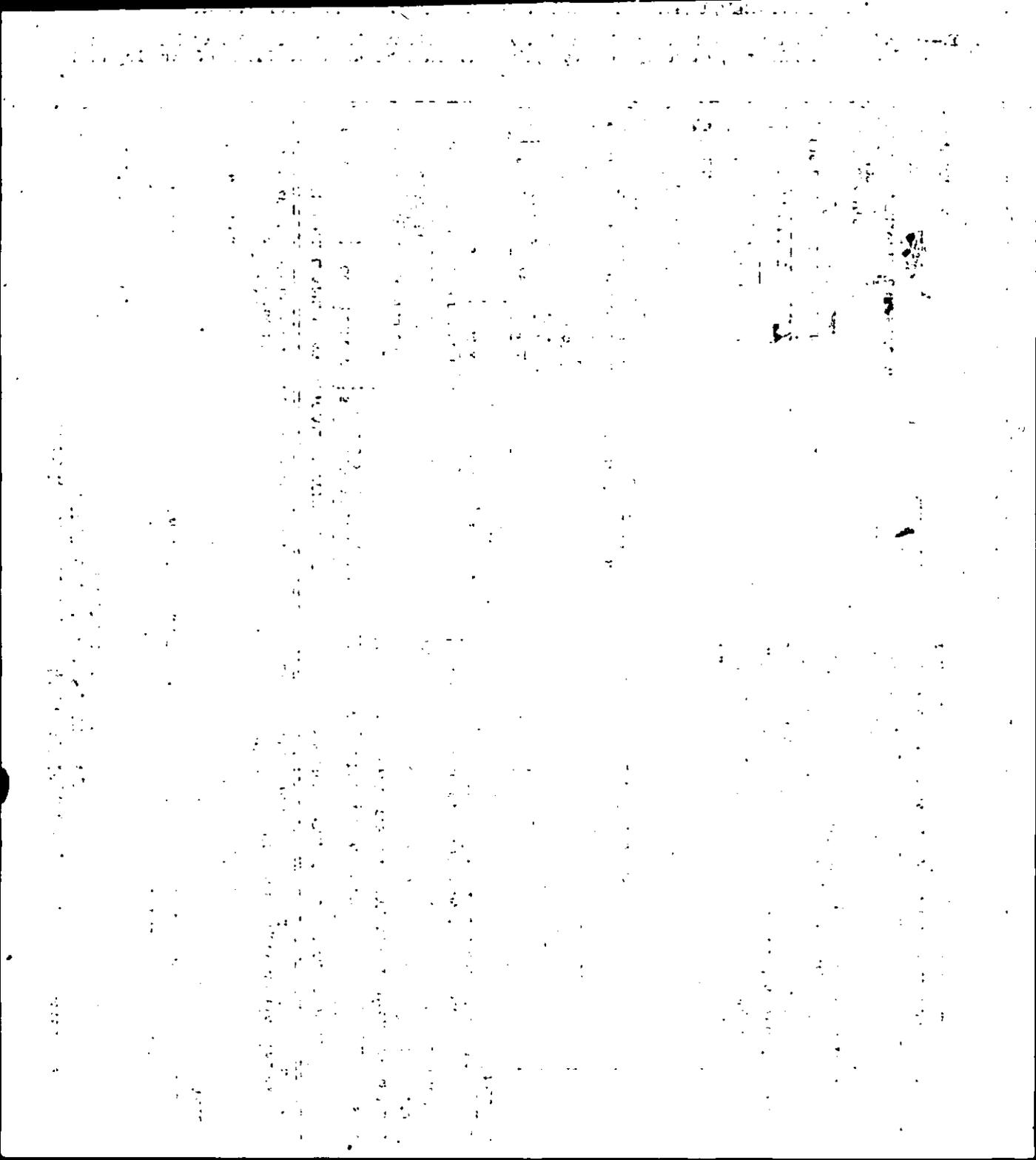
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Geo W. Horton, M. D.
(Address) Rolla Mo.



Shelpe

WASHINGTON

30

9996

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Nancy Jane Burton
Who died at _____ on Mar 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: m

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute gastritis | 1206

Other contributory causes of importance Gastroenteritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician E. W. Honan

Address of physician Rolla, Mo.

Signature of Registrar Jos. F. Myers Date filed Oct. 10, 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 677

Primary Reg. Dist. No. 4403

E. T. McGaugh

State Registrar
Special Agent.

RECEIVED

NOV 10 1954

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