

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.

78
AUG 15 1934

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

Do not use this space.

25796

1. PLACE OF DEATH

County Remick
Township Nayti
City Nayti (No. 653)

Registration District No. 653
Primary Registration District No. 5864

File No. 36
Registered No. 36 Ward

2. FULL NAME

(a) Residence, No. Nancy Lowell Anderson St. Nayti Ward. Nayti
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1923
7. AGE YEARS MONTHS DAYS 11 9 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant 11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Nayti, Mo

13. NAME Harley Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nayti, Mo
15. MAIDEN NAME Ardele Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Ill Anderson
Nayti, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland DATE 7-11 34

19. UNDERTAKER (ADDRESS) Ray and Co.
Nayti, Mo

20. FILED 7-10 1934 JW Rhodes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934
22. I HEREBY CERTIFY That I attended deceased from July 10 1934 to July 10 1934
I last saw her alive on July 10 1934 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Enterocolitis

Other contributory causes of importance:

Name of operation Symptoms Date of 6/25/34
What test confirmed diagnosis Symptoms Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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 10
Nature of injury 10

24. Was disease or injury in any way related to occupation of deceased? 10
If so, specify 10
(Signed) W. R. Lambaugh M. D.
(Address) Nayti, Mo

