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.

100M-11-24-33

OCT 10 1934

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

Do not use this space.

1. PLACE OF DEATH
County RANDOLPH
Township
City MOBERLY (No. , St. Ward)
Registration District No. 735
Primary Registration District No. 3034
File No. 33838
Registered No. 198

2. FULL NAME NANCY BALDRIDGE
(a) Residence, No. 712 FRANKLIN 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 24-1852
7. AGE YEARS 82 MONTHS 1 DAYS 0 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED.
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) VA.

FATHER
13. NAME J. L. GRAFTON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA

MOTHER
15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) MRS ERNEST SWINNEY 712 FRANKLIN
18. BURIAL, CREMATION, OR REMOVAL
PLACE CENTRALIA MO SEPT 26, 1934
19. UNDERTAKER (ADDRESS) LEAVERTON FUNERAL HOME MOBERLY-MO. INC.
20. FILED 9/26 1934 Virginia Walker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 24 1934
22. I HEREBY CERTIFY, that I attended deceased from July-22, 1934 to August 13, 1934
I last saw her alive on Aug. 13, 1934 Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis Sudden | |
| | |
| | |
| | |
| Other contributory causes of importance: Arterio sclerosis | ? |
| | |
| | |

Name of operation none Date of X
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
I solemnly
(Signed) Thos. S. Flemming, M. D.
(Address) Moberly - Mo.