

JAN 16 1935

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

Do not use this space.

35166

1. PLACE OF DEATH

County Barton, Co Registration District No. 1004
Township Richland Primary Registration District No. 3057
City (No.) St. Ward (No.) Ward

File No. 10
Registered No. 10

2. FULL NAME

Nancy Jane Sheets

(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 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George S. Sheets</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 9th 1851</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>		
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) <u>Athens, Ohio</u>		
13. NAME <u>George Mansfield</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Athens, Ohio</u>		
15. MAIDEN NAME <u>Cathrine Dean</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Athens, Ohio</u>		
17. INFORMANT (ADDRESS) <u>Ethel Sheets Golden City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cemetery</u> DATE <u>10/19 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Tutors Bros Jasper, Mo</u>		
20. FILED <u>1/10 1935</u> <u>Thelma Oakwood</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/8 to 10/17, 1934. I last saw h. alive on 10/12, 1934. Death is said to have occurred on the date stated above, at 6:30 P.M. The principal cause of death and related causes of importance were as follows:
apoplexy
Diabetis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify NO.
(Signed) V. H. Hendricks, M. D.
(Address) Jasper, 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.

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DEPARTMENT RECORD

1943-1944 ...

1943-1944 ...

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