

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

Do not use this space.

APR 29 1934

11747

1. PLACE OF DEATH

County Webster Registration District No. 896
 Township W. Spinks Primary Registration District No. 4542
 City Marshfield (No.) St. Ward)

File No.

Registered No. 10

2. FULL NAME

Nancy Jameson
 (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 12 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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>J. G. Jameson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 16, 1846</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>2</u>
	DAYS <u>27</u>	IF LESS than 1 day, X hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	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>Missouri</u>		
13. NAME <u>John Orten</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Adeline Latimore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Mrs. W. L. Tindle</u> (ADDRESS) <u>Marshfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshfield</u> DATE <u>March 17, 1935</u>		
19. UNDERTAKER <u>Wm. Rainey</u> (ADDRESS) <u>Marshfield, Missouri</u>		
20. FILED <u>March 18, 1935</u> <u>E. Elizabeth Highfill</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1931 to Mar 15, 1935
 I last saw him alive on Mar 14, 1935 Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
 Date of onset
131
 Other contributory causes of importance
Chronic Interstitial Nephritis

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
 (Signed) J. P. Bruce M. D.
 (Address) Marshfield, Mo.

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.

