

SEP 25 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Law  
City Kansas City (No. 410 No. Wheeling)

Registration District No. 86Primary Registration District No. 100File No. 26346Registered No. 10078St. 10078 Ward2. FULL NAME Nancy Modean Dewberry(a) Residence, No. 410 No. Wheeling St. 10078 Ward 10078Length of residence in city or town where death occurred 15 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W, Dewberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 7 — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Evenston Mo13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Ray Powell  
410 No. Wheeling

18. BURIAL, CREMATION, OR REMOVAL

PLAC Memorial Park DATE AUG 3, 1935

19. UNDERTAKER (ADDRESS) Wagner Funeral Home  
204 W. Linwood20. FILED 8-2, 1935 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 35, 19

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935, to Aug 1, 1935.  
I last saw her alive on July 21, 1935. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension933Date of onset Jan 1935

Other contributory causes of importance:

Cardiac DecompensationJuly 2, 1935Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935Where 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) C. W. Crowe, M. D.  
(Address) 1234 W. Elmwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. 12

103770 Elwood 105