

AUG 22 1935

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

Do not use this space.

28416

1. PLACE OF DEATH

County ScottRegistration District No. 1177

File No.

Township

Primary Registration District No. 6065

Registered No.

City Illmo. (No.) St. Ward)2. FULL NAME Nancy Venable

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJohn Venable

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

Feb 24, 1856

7. AGE

YEARS

79

MONTHS

6

DAYS

7

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)

Georgia

13. NAME

Esmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dont Know

15. MAIDEN NAME

Mary Epperson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dont Know

17. INFORMANT (ADDRESS)

George Venable
Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Memorial Park

PLACE

Cape Girardeau

DATE

8/3131

19. UNDERTAKER (ADDRESS)

Bispinghoff & Hubbard
Illmo, Mo.

20. FILED

8-13

19

35512Quinn

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 16, 1935, to Aug. 1, 1935I last saw her alive on Aug. 5, 1935. Death is saidto have occurred on the date stated above, at 5 P m.

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

Date of onset

Myocarditis
(Chronic)Other contributory causes of importance: 720

Name of operation

Date of

What test confirmed diagnosis? Autopsy 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? No

If so, specify

(Signed) S. J. Jones, M. D.(Address) Illmo, 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.

