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 25 1935

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

Do not use this space.

30258

1. PLACE OF DEATH

County Nodaway. Registration District No. 6231 File No.

Township .Mo. Primary Registration District No. 3031 Registered No. 97

City Maryville (No. , St. Ward)

74 9 7

2. FULL NAME Nancy.Jane Treese.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 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 George T. Treese.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12.1866

7. AGE YEARS 69 MONTHS 7. DAYS 8. If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Gentry Co.Mo.

FATHER

13. NAME J.B.Judd.

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

MOTHER

15. MAIDEN NAME Mary. Milligan.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not.Known.

17. INFORMANT (ADDRESS) Crystal Treese. Pickering Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Orsburg.Mo. DATE Sept.21.1935

19. UNDERTAKER (ADDRESS) Price Funeral Home. Maryville Mo.

20. FILED Sept 20, 1935 Mamie E. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept.20.1935 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935, to Sept 19, 1935

I last saw her alive on Sept 19, 1935 Death is said to have occurred on the date stated above, at 12.30 A.M.

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

Chronic Myocarditis not known

93C

Other contributory causes of importance:

Acute Influenza about Sept 1-35

Date of onset

Name of operation none Date of —

What test confirmed diagnosis? — 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

If so, specify

(Signed) J. A. Bloomer, M. D.

(Address) Maryville Mo.