JUN 6 1935

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

Do not use this space.
40006-3

File No. 191
Registered No.

1. PLACE OF DEATH
County Jefferson
Township Valle
City De Soto (No. ..... St. ..... Ward)
Registration District No. 420
Primary Registration District No. 3022

2. FULL NAME Nancy A Wisdom
(a) Residence, No. 507 W. Kelly St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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: Frank Wisdom
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20-1843
7. AGE: Years 87 Months 6 Days 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
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): Washington Co Mo

FATHER
13. NAME: James Edgar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo

MOTHER
15. MAIDEN NAME: Mary Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co Mo

17. INFORMANT (ADDRESS): Roy Burman De Soto Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE Dec 8 1935
19. UNDERTAKER (ADDRESS): Mathis Funeral Home De Soto
20. FILED 12-5 1935 H W Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1934 to Dec 5 1935
I last saw h... alive on Dec 5 1934 Death is said to 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
Pneumonia Pneumonia	
bronchial	
Chronic nephritis	

Other contributory causes of importance:
Rheumatism

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? no
If so, specify
(Signed) David Ford, M. D.
(Address) De Soto 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 2
100M-11-24-33