

MAR 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Union
City Campbell (No.)

Registration District No. 282
Primary Registration District No. 5401

File No. 5295
Registered No. 6
St. Ward

2. FULL NAME

Nellie Lancaster

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. E. Lancaster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1898</u>		
7. AGE. YEARS <u>37</u>	MONTHS <u>8</u>	DAYS <u>13</u>
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.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1936 to Feb. 18 1936

I last saw her alive on Feb. 18 1936 Death is said to have occurred on the date stated above, at 6 a m.

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

Date of onset July 1935

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Mo.

MOTHER

13. NAME Robert Stevens

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

15. MAIDEN NAME Clara Gregory

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

17. INFORMANT Deloris Patton
(ADDRESS) Campbell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zucker DATE Feb. 20 1936

19. UNDERTAKER (ADDRESS) J. C. Cook, Mo.

20. FILED Feb 19 1936 E. Wolgast Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? no 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) M. Z. Cone M. D.
(Address) Campbell, 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.

