

MAR 25 1936

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

Do not use this space.

8866

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Bernie

Registration District No. 936
Primary Registration District No. 6095a

File No. 9
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Sarah E. Nancy

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee A. Nancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 6

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) Illinois

13. NAME George Summer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County Missouri

15. MAIDEN NAME Hulda Pace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White County Illinois

17. INFORMANT (ADDRESS) John Nancy
Prethorntank

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie Mo DATE 2/8/36

19. UNDERTAKER (ADDRESS) Black's mortuary
Coning etc.

20. FILED Feb 8 1936 G. H. Lawrence Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1935 to Feb. 7 1936

I last saw her alive on Feb. 7 1936 Death is said to have occurred on the date stated above, at 11 P. M.

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

Pulmonary Tuberculosis
23
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X-Ray 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) R. W. Hulberg, M. D.
(Address) Bernie, Missouri

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.

