

APR 27 1936

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

Do not use this space.

13878

1. PLACE OF DEATH

County *Wright*Registration District No. *908*Township *Wm. Gore*Primary Registration District No. *6222*City *Wm. Gore*No. *1*File No. *16*Registered No. *16*St. *Wm. Gore* Ward

2. FULL NAME

(a) Residence, No. *Nancy Jane Mc Bee* St. *Wm. Gore* Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 OF *Samuel Mc Bee*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 23 - 1859*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *76 9 6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House keeper*

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) *Parisville mo.*13. NAME *Andrial Booth*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va.*15. MAIDEN NAME *Mary Robertson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*17. INFORMANT *Effie Pople*18. BURIAL, CREMATION, OR REMOVAL PLACE *Hill Crest* DATE *3-31-1936*19. UNDERTAKER (ADDRESS) *Wm. Gore*20. FILED *3-31-1936* *Bessie Montgomery* Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3 - 29 1936*22. I HEREBY CERTIFY, That I attended deceased from *3/28*, 19*36*, to *3/29*, 19*36*I last saw her alive on *3-29-1936* Death is saidto have occurred on the date stated above, at *10:30 P.M.*

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

Submiles complication of ag

Other contributory causes of importance:

Name of operation *None* Date of *None*What test confirmed diagnosis? *Clues* Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *None* Date of injury *None*, 19*36*

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 *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *J. H. Wood*, M. D.(Address) *Wm. Gore*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

