JAN 20 1937

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

Do not use this space.

45112

1. PLACE OF DEATH
County: Jackson
Township:
City: Oak Grove Mo. No. ..... St. ..... Ward)
Registration District No. 402
Primary Registration District No. 4237
File No.
Registered No.

2. FULL NAME: Nancy Mildred Halsey.
(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: Female
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 16 1920
7. AGE: Years 16 Months 7 Days 23. If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Buford Halsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Jessie Barker.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: Buford Halsey
(ADDRESS) Oak Grove, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Kendrie Chapel DATE: 12/10 1936
19. UNDERTAKER: J. O. Webb
(ADDRESS) Oak Grove Mo.
20. FILED: Dec. 14, 1936 Mrs. A. H. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/9, 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1936, to 12-8, 1936
I last saw her alive on 12-8, 1936. Death is said to have occurred on the date stated above, at 12:10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis probably about 3 or 4 days	

Other contributory causes of importance:

Appendicitis	don't know

Name of operation ..... 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?
If so, specify
(Signed) E. E. Perry, M. D.
(Address) Oak Grove

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