

FEB 18 1937
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MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

2328

1. PLACE OF DEATH

County Monticello Registration District No. 577
 Township Chicot Grove Primary Registration District No. 5775
 City (No. 21) St. _____ Ward _____

File No. _____
 Registered No. 2

2. FULL NAME

Nancy Jane Suggs St. _____ Ward _____

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1860
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 14

8. Trade, profession, or particular kind of work done, as seaman, sawyer, bookkeeper, etc.
 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 1

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

13. NAME Henry Callier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Henry Suggs
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathams Cem DATE 1/22 1937

19. UNDERTAKER (ADDRESS) Hillebrand & Freed
California Mo

20. FILED 2-9-1937 Madeline Latham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on 1-19-37, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Arteria sclerobica
nephritis Chronic
 Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) L. M. Gray, M. D.

(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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