MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 8190

Registered No. 1639

City St. Louis, Mo. (No. 2013 North 9th Street. St. ..... Ward)

2. FULL NAME Nancy Stogsdill,

(a) Residence, No. 2013 North 9th Street 26 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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Bluford Stogsdill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5th, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Dent County?mo. 1

FATHER

13. NAME Larkin Crumm 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

MOTHER

15. MAIDEN NAME Luenda Buffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Wilbert Stogsdill 2013 North 9th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rolla, Mo. DATE Feb. 8th 37

19. UNDERTAKER (ADDRESS) Hy Leidner Mnd. Co 1417 N. Market St.

20. FILED FEB 6 - 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febry 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1929, to ~~Jan~~ Feb 5, 1937

I last saw her alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Influenza Pneumonia 131 — Date of onset 2/1/37

Other contributory causes of importance:

Chron Paren. Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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) R. M. Elvain, M. D.

(Address) 4356 Warne

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.

899

4356 Warne Ave