

APR 22 1937

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

Do not use this space.

65
62
1. PLACE OF DEATH
County Meru Registration District No. 556
Township Morgan Primary Registration District No. 4328
City Princeton (No.) St. Ward) (If nonresident, give city or town and State)
2. FULL NAME Nellie Virginia Stacy
(a) Residence, No. St. Ward. (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.

File No. 12626
Registered No. 24

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. W. Stacy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1874
7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 62 9 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 44
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
13. NAME George Dewey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME M. Kay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Elv. E. W. Stacy
(ADDRESS) Princeton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Cem. DATE Mar 17 1937
19. UNDERTAKER Paul Mass
(ADDRESS) Princeton Mo
20. FILED 3/15 1937 J. M. Perry Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1937 to Mar 15 1937
I last saw her alive on Mar 15 1937 Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:
Influenza
Myocarditis
Other contributory causes of importance: Asst
Name of operation NO Date of
What test confirmed diagnosis Asst 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 NO
(Signed) N. V. Stacy M. D.
Address St. Joseph, Mo.

Date of case 1/10-37
1/20-37

RECORDS OF DEATHS IN PINK VERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE EXACTLY.

