

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

Do not use this space.

MAY 31 1937

File No. **17772**

1. PLACE OF DEATH -
 108 County **Stoddard** Registration District No. **838**
 2 Township **Liberty** Primary Registration District No. **4507**
 4 City **Dexter** (No.) St. Ward)

2. FULL NAME **Nancy Jane Magee**
 (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 W. R. Magee				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23, 1875				
7. AGE YEARS 62	MONTHS 0	DAYS 9	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic			
	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) Stoddard County Missouri				
FATHER	13. NAME Alec Walker			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee			
MOTHER	15. MAIDEN NAME Harriett Meriman			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee			
17. INFORMANT W. R. Magee (ADDRESS) Dexter, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Walker Cem. DATE 5-3-37				
19. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Mo.				
20. FILED 5, 10 , 19 37 <i>Margaret Rose Deputy Registrar</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-2-37**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **April 29**, 19 **37**, to **May 2**, 19 **37**
 I last saw him alive on **May 2**, 19 **37** Death is said to have occurred on the date stated above, at **8:30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Influenza

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 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 **Acute Myocarditis**
 (Signed) **W. S. Davis**, M. D.

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.

