

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

Do not use this space.

**JUN 18 1937**

19813

**1. PLACE OF DEATH**

County Clinton.  
 Township Shoef  
 City Cameron (No. \_\_\_\_\_)

Registration District No. 204  
 Primary Registration District No. 3013

File No. \_\_\_\_\_  
 Registered No. 21 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Nancy Elizabeth Early.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to May 20, 1937.  
 I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Chronic renal insufficiency Date of onset \_\_\_\_\_

Other contributory causes of importance: 93

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? no  
 If so, specify \_\_\_\_\_ M. D.  
 (Signed) W. H. Wiley  
 (Address) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joel Early.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 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) Indiana

13. NAME Dan Robinson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Wm. Burg. Cameron  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Evergreen DATE May 21, 1937

19. UNDERTAKER J. W. Poland  
 (ADDRESS) Cameron

20. FILED 5/20 # 37 W. H. Wiley Registrar.

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

