

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.

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

Do not use this space.

AUG 24 1937

1. PLACE OF DEATH

County.....Henry.....

Registration District No. 349

Township.....Springfield.....

Primary Registration District No. 2200

City.....

(No.)

File No. 27322

Registered No. 18

St.

Ward.....

2. FULL NAME.....Mrs. Nancy Jane Gant.....

(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

ysr.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

W. M. Gant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

81

10

18

OCCUPATION

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

House work

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) Benton County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Tindle

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

Kentucky

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Dan McMillan
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Benton County, Mo. August 1, 1937

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED 8-1, 1937 Mrs. A. A. Gray

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 25, 1937, to July 31, 1937

I last saw him alive on July 29, 1937. Death is said

to have occurred on the date stated above, at 11:30 a m

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

5. Hypertension
prominent left leg

Date of onset

Other contributory causes of importance
Hypertension, fibrillation

Name of operation..... Date of.....
What test confirmed diagnosis? None. 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.....

(Signed) R. J. Harrison, M. D.

(Address) Harrison, Mo.

