

SEP 21 1937

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

Do not use this space.

31165

1. PLACE OF DEATH

County Macon

Registration District No. 533

File No. _____

Township _____

Primary Registration District No. 3027

Registered No. 66

City MAcon

St. _____ Ward _____

2. FULL NAME Nancy Elmira Kilstrop

(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED OR DIVORCED (OR) WIFE OF <u>J. M. Kilstrop</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 1853</u>		
7. AGE <u>83</u>	YEARS <u>6</u>	MONTHS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 30, 1937 to July 5, 1937
I last saw her alive on July 4, 1937 Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Cardio-vascular disease
95%
Cerebral hemorrhage
6-30 1937

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) J. P. Cronoway D.
(Address) Macon Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

13. NAME John A. Banta

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

15. MAIDEN NAME Julia Knight

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

17. INFORMANT Mr. Ethel Smith
(ADDRESS) Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cem DAY 7-7-37

19. UNDERTAKER Stephens Gooding
(ADDRESS) Macon Mo.

20. FILED 9/8 1937 Leola Newton
Registrar.

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.

