

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

Do not use this space.
Thomas Camp

2835
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1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township J. D. Brown Primary Registration District No. 5439
City Springfield (No. R. F. W. H. S.)
2. FULL NAME Nancy Ruth Homer 550
(a) Residence, No. 174 W. H. S. 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.

File No. _____
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Married, give the word)
5A. IF MARRIED, WIDOWED, DIVORCED, HUSBAND OF (OR) WIFE OF James Homer (29 yrs)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
90 0 26
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. Home
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) Pitts Co. Mo
13. NAME James Parrott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Nancy Leitch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) Mrs. Lena Hutcheson Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Ch. DATE Jan 24, 1938
19. UNDERTAKER (ADDRESS) Glenn A. Geyer Springfield Mo
20. FILED Jan 24, 1938 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to Jan 21, 1938
I last saw him alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 2:15 AM.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
Date of onset Jan 16
Other contributory causes of importance: 1070
Name of operation none 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? no
If so, specify _____
(Signed) Francis D. Camp M. D.
(Address) Holland Bldg Springfield

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH