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

Do not use this space.

3
1

1. PLACE OF DEATH

48

County Jackson — Registration District No. 400 — File No. 3018

Township Prairie — Primary Registration District No. 5553B — Registered No. 8

City ..... (No. Jackson County Home St. ..... Ward)

2. FULL NAME Mrs. Nell Tackett 230

(a) Residence, No. 2804 Belleview St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Tackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	57	5	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At 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) Unk. Missouri

FATHER

13. NAME Joseph Moore

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

MOTHER

15. MAIDEN NAME Nellie Abbott

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

17. INFORMANT (ADDRESS) Mrs. Blanche Lautenschlager 2208 Quincy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 1/15/38 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Mo.

20. FILED Jan 14 1938 William L. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to 1-14, 1938

I last saw her alive on 1-13, 1938. Death is said to have occurred on the date stated above, at ..... m.

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

mitral regurgitation — Date of onset

920

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? No

If so, specify .....

(Signed) J. W. Greene M. D.

(Address) Independence Mo

3820

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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FEB 25 1938
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