

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

Do not use this space.

1. PLACE OF DEATH

County Mason
Township Fringo
City (No.)

Registration District No. 534
Primary Registration District No. 5717

File No. 3391
Registered No.
St. Ward

2. FULL NAME

Nancy Jane Behrman

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Behrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1859

7. AGE YEARS 78 MONTHS 4 DAYS 15 IF LESS than 1 day, hrs. or min.

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.

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) Unknown Tenn

13. NAME William Burris

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

15. MAIDEN NAME Katheryn Trail

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

17. INFORMANT (ADDRESS) Nancy Behrman New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Masonic Cemetery Feb 2, 1938

19. UNDERTAKER (ADDRESS) Ferson Funeral Service Bucklin, Mo

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 23rd, 1937 to Jan 30, 1938

I last saw her alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 2:35 p. m.

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

Dropsy

Date of onset Dec 15, 37

Other contributory causes of importance:

Myocarditis

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) D. West, M. D. (Address) New Cambria Mo

546

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3391

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 534
 (b) Township Argy Primary Registration District No. 5917 Registered No. 1
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Jane Behrman

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Behrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Unknown
 (STATE OR COUNTRY) Tenn.

13. NAME William Burris

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

15. MAIDEN NAME Katheryn Paul

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

17. INFORMANT (ADDRESS) Harry Behrman
New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cen DATE Feb 3, 1938

19. FUNERAL DIRECTOR (ADDRESS) Loren Funeral Home
Bucatin Mo

20. FILED Mar 21, 1938 Acers
1 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 to Jan 30, 1938
 I last saw her alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Heart
1937
Nov 23
1919

Other contributory causes of importance: None

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
 specify

(Signed) C. O. West, M. D.
 (Address) New Cambria Mo

1938

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