REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau / Registration District No. 125 / File No. 6315
Township / Primary Registration District No. 3009 / Registered No. 53
City Cape Girardeau (No. , St. Francis Hosp. St. Ward)

2. FULL NAME Nannie Metz 320
(a) Residence, No. 134 S Horimer 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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Andrew Metz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1867

7. AGE: YEARS 70 | MONTHS 5 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Oran Mo

FATHER
13. NAME John Friend
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Nancy Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind.

17. INFORMANT (ADDRESS) Mrs. Virginia Kelly 134 S Lorimer Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Guardian Angels Cem. Oran, Mo DATE Feb 14 1938

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard Chaffee Mo

20. FILED 2-12 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Feb 12, 1938
I last saw her alive on Feb, 1938. Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	unknown
93C	

Other contributory causes of importance:

Name of operation none 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?
If so, specify
(Signed) Frank W. Hall, M. D.
(Address) Cape Girardeau

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.