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.

REC'D MAR 17 1938

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

Do not use this space.

2
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1. PLACE OF DEATH
44 County Holt — Registration District No. 373 — File No. 6895
6 Township ~~Lewis~~ — Primary Registration District No. 4219 — Registered No. 6
0 City Oregon (No. ..., ... St. ... Ward)

2. FULL NAME Nettie Rebecca Welkins Lacey 2.00

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

Length of residence in city or town where death occurred 28 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (1) John Hibbard (2) John P. Lacey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
66	6	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Nov. 1937
11. Total time (years) spent in this occupation about 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Missouri 0

FATHER
13. NAME John Welkins 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0

MOTHER
15. MAIDEN NAME Elizabeth Roark Carroll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Missouri

17. INFORMANT (ADDRESS) Eldon Hibbard Oregon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Broadbeck Cem. Oregon, Mo. DATE 2-28-1938

19. UNDERTAKER (ADDRESS) Lester Pettijohn Oregon, Missouri

20. FILED 2-28 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/1/36, 19..., to Feb 26, 1938
I last saw her alive on Feb 26, 1938. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	7/1/36
92 h	

Other contributory causes of importance:
Essential Hypertension Slant brain

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 none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) E F Kewney, M. D.
(Address) Oregon Mo

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