

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.

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

Do not use this space.

REC'D MAR. 23 1938

7

6907

1. PLACE OF DEATH
45 County Howard,
Township Bonne Femme,
City..... (No....., St..... Ward)

Registration District No. 378
Primary Registration District No. 5-5-27

File No.....
Registered No. 12

2. FULL NAME Nannie Elizabeth Ancell. 524
(a) Residence, No....., 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/4th 1874

7. AGE 63 YEARS MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min

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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Missouri,
(STATE OR COUNTRY)

13. NAME Elisha Ancell.

14. BIRTHPLACE (CITY OR TOWN)..... Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Bailey.

16. BIRTHPLACE (CITY OR TOWN)..... Missouri,
(STATE OR COUNTRY)

17. INFORMANT Elisha Ancell.
(ADDRESS) Marshburg mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pleasant, DATE 2/7th 1938

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Mar. 5, 1938 V. O. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6th 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 6-1-37 19, to 2-6-1938 19.

I last saw him alive on 2-6-38 19. Death is said to have occurred on the date stated above, at 2 P.M.

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

Pneumonia Lobor Date of onset 1-25-38

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Other contributory causes of importance:
subal regurgitation 1-31

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) H. Gullett M. D.

339 (Address) Marshburg, Mo

