

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barry 51 Registration District No. 29
Township Glendale Primary Registration District No. 4021
City Cassville (No. Barry County Hospital St. Ward)

File No. 10027

Registered No. 6

2. FULL NAME Nancy Eva Mitchell 324

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

Length of residence in city or town where death occurred 32 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. M. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1887

7. AGE YEARS 50 MONTHS 5 DAYS 19 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) Carthage, Mo.

13. NAME James Watts

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

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs John Ray (ADDRESS) Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE July 17 1937

19. UNDERTAKER John Culver (ADDRESS) Cassville Mo.

20. FILED 3-18 1938 Shawnewman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1937

22. I HEREBY CERTIFY, that I attended deceased from July 6th 1937 to July 15th 1937. I last saw him alive on July 15th 1937. Death is said to have occurred on the date stated above, at 11:40 am. The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
9465
Date of onset July 6th 1937

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) Shawnewman, M. D. (Address) Cassville, Mo.

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.

