REC'D APR 20 1938

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

11107
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
(d) Street No. 1812 Connor 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.

Registration District No. 411
Primary Registration District No. 2002
Registered No.

2. PRINT FULL NAME Nancy Irene Wing 520
(a) Residence, No. 1812 Connor St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. W Wing
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 8-1864
7. AGE YEARS 74 MONTHS 0 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. duty
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) Mexico Mo.

FATHER
13. NAME John R. McClelland.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

MOTHER
15. MAIDEN NAME Martha Robinett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

17. INFORMANT (ADDRESS) W. W. Wing. Miami Okla
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE 3/28 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlbut and Co Joplin Mo.
20. FILED 3-28 1938 Ed D James Local Registrar. 372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 38

22. I HEREBY CERTIFY, That I attended deceased from 3/24/38, 19..., to 3-25-38, 19...
I last saw her alive on 3-25-38, 19... Death is said to have occurred on the date stated above, at 6 55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	8 yrs

Other contributory causes of importance: 54'

Diabetic Coma	One wk

Name of operation Exam Lab 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) Walter M. Howard M. D.
(Address) Carthage Mo

(Licensed Embalmer's Statement on Reverse Side)

HOWARD

NOTE: 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.