

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

Do not use this space.

REC'D APR 22 1938

11795

1. PLACE OF DEATH

82 County Pike Registration District No. 683
Township Ashley Primary Registration District No. 4407
City Asi (No. _____) St. _____ Ward _____

2. FULL NAME

Barbara Gene Nalley 400
(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 7 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Coleman 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1938

6A. IF MARRIED, HUSBAN'S NAME _____
OR DIVORCED _____

22. I HEREBY CERTIFY, That I attended deceased from 3/10/38, 1938, to 3/23, 1938
I last saw h. alive on 3/15/38, 1938 Death is said to have occurred on the date stated above, at 8:00 a. m.

6. BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1937

The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 3/1/38

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

Other contributory causes of importance
Wet lung Cough 3/1/38

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Ashley (STATE OR COUNTRY) Pike Co.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Nalley

16. BIRTHPLACE (CITY OR TOWN) Ashley (STATE OR COUNTRY) Pike Co.

17. INFORMANT Hugh Nalley (ADDRESS) Ashley Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Ashley Cemetery DATE March 24 38

19. UNDERTAKER W. B. E. Moore (ADDRESS) Ashtown

20. FILED Mar 24 1938 Mrs. Lysa Moore Registrar.

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) W. B. E. Moore

(Address) Ashtown, Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly understood.

