REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cole
Township Jefferson
City Jefferson (No. St. Marys Hospital St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 18077
Registered No. 160

2. FULL NAME Nannie Jane House 200
(a) Residence, No. Russellville, 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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L.C.House

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.8th,1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
48	6	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Jefferson City, Missouri.

FATHER
13. NAME Jeff Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Margerett Clatterbuck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) L.C.House Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. DATE May.25th,1938

19. UNDERTAKER (ADDRESS) G.N.Steffens Russellville, Mo.

20. FILED 5/25, 1938 A V Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May.23rd.1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1937, to May 23, 1938
I last saw her alive on May 23, 1938 Death is said to have occurred on the date stated above, at 12.30 m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 5-23-38

95032

Other contributory causes of importance:
Cardio-Renal disease
Hypertension

Name of operation Physical Date of
What test confirmed diagnosis? 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) Julian A Ossman, M. D.
(Address) Jefferson City Mo

This form is plain for use, so that it may be properly classified. Exact statement of OCCUPATION is very important.