REC'D JUN 10 1938

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

18193
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 293
(b) Township Boles — Primary Registration District No. #4177 — Registered No.
(c) City Pacific — (d) Street No. ____ 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 76 yrs. 4 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ********NELLIE CLOSE********* 420
(a) Residence, No. Pacific, Missouri. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles C. Close

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1862

7. AGE: Years 76 | Months 4 | Days 25 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Jan. 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Mo 0

FATHER
13. NAME Peter Henry 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER
15. MAIDEN NAME Martha Knoble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. USA.

17. INFORMANT Mrs. J. W. Pletcher
(ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE 6/1/38, 19

19. FUNERAL DIRECTOR (NAME) John L. Thiebes
(ADDRESS) Pacific, Mo.

20. FILED 6-5-1938 Mary B. Roos
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 30, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to May 30, 1938.
I last saw her alive on May 29, 1938. Death is said to have occurred on the date stated above, at 5:15 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Apoplexy)	Several Years

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical 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. H. Hemker, M. D.
(Address) Pacific, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Jno. L. Thiebes, or by

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

Signed Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific M

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

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