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.

REC'D AUG 10 1938

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

Do not use this space.

V 1

1. PLACE OF DEATH
County Dade — Registration District No. 236 — File No. 25181
Township Rural Prairie — Primary Registration District No. 5321 — Registered No.
City Dadeville (No. ..... St. ..... Ward)

2. FULL NAME Nancy Elmina Kurg 520
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M Kurg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5-1845

7. AGE: Years 92 — Months 9 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo. 0

FATHER
13. NAME Lewis L. Carlock. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo. 0

MOTHER
15. MAIDEN NAME Angeline Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co Mo

17. INFORMANT (ADDRESS) Mrs C. Kurg Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove Mo DATE July 24 1938

19. UNDERTAKER (ADDRESS) Brim Funeral Home Walnut Grove Mo.

20. FILED Aug 4 1938 Mrs A. R. Stapp Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 23, 1938
I last saw h alive on July 23, 1938. Death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Cl.	
Other contributory causes of importance: Old age	1 D 7 M

Name of operation 0 Date of 0
What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19 0
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 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. R. Clay, M. D.
(Address) Dadeville Mo

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