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

42071
Do not use this space.

REC'D JAN 13 1938

1. PLACE OF DEATH
(a) County of Jackson — Registration District No. 399
(b) Township or City Kansas City, Mo. — Primary Registration District No. 1002 — Registered No. 5137
(c) Street No. 903 Indep. Ave. 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.

2. PRINT FULL NAME 251 NELLY McNAB
(a) Residence, No. 903 Independence Ave. 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: Lady
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John McNab
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 27, 1893
7. AGE: 45 yr. ~~1893~~ — YEARS: — MONTHS: 4 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as 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): Marshall Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mrs. Mary Nockels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshall Mo.

17. INFORMANT (ADDRESS): Willard Allen, 1121 Independence
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge DATE: Jan 3, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. Sterling Bills, 1811 E. 12th St. K.C. Mo.
20. FILED: Dec 31, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29, 1938
22. I HEREBY CERTIFY That I attended deceased from Dec. 29, 1938, to Dec. 29, 1938
I last saw her alive on Was dead when called 12-29-1938. Death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:
Possible Mitral Regurgitation with Coronary Sclerosis — Date of onset
92 a
Other contributory causes of importance: Some Focus of Infection
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) Chas E Briscoe, M. D.
(Address) 719½ Independence Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1811 E. 12th K.C.

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

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