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.

JAN 22 1938

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

Do not use this space.

File No. 42167

Registered No.

1. PLACE OF DEATH
County Atchison Registration District No. 20
Township ~~Tarkio~~ Primary Registration District No. 4014
City Tarkio (No. St. Ward)

2. FULL NAME 660 Nannie Ann Mowry
(a) Residence, No. Tarkio, 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 13 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper Mowry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24-1866
7. AGE YEARS 71 MONTHS 11 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. At Home
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) Ohio

FATHER
13. NAME Lige McCarty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) George Mowry Elmo, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio DATE Jan 14 1938
19. UNDERTAKER (ADDRESS) H. B. Edmund Tarkio, Mo
20. FILED Jan 12 1938 Cm Vaugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938
22. I HEREBY CERTIFY That I attended deceased from October 9, 1937 to Jan 12, 1938
I last saw her alive on Jan 12 1938. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy 8241 Date of onset Jan 11
Other contributory causes of importance: Chronic ~~Bronchitis~~ Bronchitis
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury, 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles E. Benham, M. D.
(Address) Tarkio, Mo