

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.

8550 JAN 25 1939

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

Do not use this space.

1. PLACE OF DEATH  
 83 County Platte Registration District No. 695 File No. 44173  
 Township Waldron Primary Registration District No. 5923 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nancy Angelina Roland  
 (a) Residence, No. Platte Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 72 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 1 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.  
 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) Missouri 0

MOTHER FATHER  
 13. NAME Nancy Roland  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0  
 15. MAIDEN NAME Nancy Demagan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT Edward Roland  
 (ADDRESS) Parkville

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Demagan DATE Dec 18 1938

19. UNDERTAKER Roland  
 (ADDRESS) Parkville Mo

20. FILED 1-10 1939 S.P. Ford  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1938, to 12-16, 1938  
 I last saw her alive on 12-12, 1938 Death is said to have occurred on the date stated above, at 5:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
hypertension of the heart  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Hb

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) S.P. Ford, M. D.  
 (Address) Parkville Mo

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

RECEIVED  
MAY 10 1961

TO THE DIRECTOR OF THE DIVISION OF THE PHYSICAL SCIENCES  
FROM THE DEPARTMENT OF CHEMISTRY  
RE: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a letter or report.]