

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. WRITE CLEARLY WITH SPREADING INK.—THIS IS A PERMANENT RECORD

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

Do not use this space.

REC'D JUN 20 1939

19467

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township..... Primary Registration District No. 3032
 City Sedalia (No. 520, P. 2, 11th St. Ward)

File No.
 Registered No. 172

2. FULL NAME

251 Nancy Berthene Dusenberry

(a) Residence, No. 520 E 11 St., Ward.....
 (Usual place of abode)

Length of residence in city or town where death occurred 7 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 (or the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. S. Dusenberry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 21

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) St. Clair County Missouri

FATHER 13. NAME Nicholas Mayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rebecca Ann Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County Missouri

17. INFORMANT (ADDRESS) E. C. Bohon Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Osawatomie Kas. DATE 5-23- 1939

19. UNDERTAKER (ADDRESS) McLaughlin Bros 406 Sedalia

20. FILED 5-23- 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939 to May 22, 1939
 I last saw her alive on May 22, 1939 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy (Ruptured aneurysm)

Date of onset May 21 1939

Other contributory causes of importance: 121
Chronic interstitial nephritis

Name of operation None Date of May 22
 What test confirmed diagnosis Chloro Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? No 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) [Signature] M. D.
 (Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/2/79