

Registration District No. 750 Primary Registration District No. 4451

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Douglas
(c) Name of hospital or institution: at home
(d) Length of stay: In hospital or institution 38 years
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Douglas
(d) Street No. ✓
(e) If foreign born, how long in U. S. A. — years.

3. (a) PRINT FULL NAME

Sarah Jane Mc Nab
3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 10 year 1939 hour 1: minute 30, P. M.

21. I hereby certify that I attended the deceased from Sept 6 1939 to Oct 10 1939; that I last saw her alive on October 6 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia & Granuloma
Duration 1
Due to Paralysis involving the throat
Due to degenerative condition in the brain
Other conditions (Include pregnancy within 3 months of death) —

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Littleton C. Mc Nab 6. (c) Age of husband or wife if alive deceased years 14 1855
7. Birth date of deceased Aug (Month) 14 (Day) 1855 (Year)

8. AGE: Years 84 Months — Days 27 If less than one day hr. — min. —

9. Birthplace Granville (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Laundry

11. Industry or business at home

12. Name Wade

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Rayland

15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. Mc Nab

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof 10-11-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cap Ridge Cem. Douglas

18. (a) Signature of funeral director H. E. Jordan

(b) Address Douglas Mo.

19. (a) 10-11-1939 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

Major findings: Of operations —
Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work (Specify type of place) (e) Means of injury —

28. Signature H. E. Jordan (M. D. or nurse) —
Address Douglas, Mo. Date signed —

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

52d

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.

RECEIVED

District Health Officer No. 5,

District File Number. 1139421

Date Filed 11/3/39

Signed J. E. Jordan

Licensed Embalmer No. 3290

P. O. Address Douglas

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37022

Do not use this space.

1. PLACE OF DEATH
- (a) County Ripley Registration District No. 750
 (b) Township Doniphan Primary Registration District No. 4451 Registered No. 1631
 (c) City Doniphan (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Sarah Jane Mc Nabb
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) wid
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 84 - 27
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____
- FATHER
13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
- MOTHER
15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1937
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
- I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
- The principal cause of death and related causes of importance were as follows:
- Myocardial Infarction Date of onset _____
Paralysis involving the left
degenerative condition in the brain
Bulbar paralysis
- Other contributory causes of importance: 91k
- 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) J. E. Williams, M. D.
 (Address) Doniphan Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH

Local Registrar.

