

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

Do not use this space.

31741

FILED OCT 13 1943

1. PLACE OF DEATH

County HOWARD
Township CHARITON
City CLASGOW (No. _____)

Registration District No. 383
Primary Registration District No. 4228

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME NANCY VIRGIN HERRING

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. - mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 or (or) wife of) LOYD H HERRING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>-</u>	<u>-</u>	<u>8</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) June 1941 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Missouri

FATHER
13. NAME JORDAN BENTLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Kentucky

MOTHER
15. MAIDEN NAME SUSAN FRISTOE

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

17. INFORMANT (ADDRESS) Richard J. Bentley Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE CLASGOW MO DATE SEPT 13 43

19. UNDERTAKER (ADDRESS) Audley - Fremont Glasgow Mo.

20. FILED 9/13 1943 Registrar J. W. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1943

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1943 to 9-11-1943

I last saw h. e. r. alive on 9-9-1943. Death is said to have occurred on the date stated above, at 12:00m. NOON

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset _____

Other contributory causes of importance: 94a

Name of operation none 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) W. B. ..., M. D.

(Address) Glasgow, Mo.

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 PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

MISSOURI No. 8,
10-11-43

Empalmed by J Walker Audsley
Missouri Licence # 3336

Walker Audsley