

1 PLACE OF DEATH

County Henry
 Township Davis
 or
 Village La Due
 or
 City ✓ (NO. _____ St. _____ Ward)

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

Registration District No. 355 File No. 20435
 Primary Registration District No. 5497 Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nancy Emily Arnold

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH April 25 1830
 (Month) (Day) (Year)

7 AGE 91 yrs 3 mos 12 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry business, or establishment in which employed (or employer) ✓

9 BIRTHPLACE (City or town, State or foreign country) Ky.

PARENTS
 10 NAME OF FATHER Louis Hutchison
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
 12 MAIDEN NAME OF MOTHER Nancy E. Hutchison
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Matthie Adkins

(Address) La Due Mo

15 Filed Aug 14 1921 J P Stepha
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8-13 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 7-3-1921 to 8-13-1921 that I last saw her alive on Aug 13-1921 and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) ✓ yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Sexual debility

(Duration) ✓ yrs. ✓ mos. ✓ ds.

(Signed) W. Kelly M. D.

8-13 1921 (Address) La Due Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ✓ yrs. ✓ mos. ✓ ds. In the State ✓ yrs. ✓ mos. ✓ ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL La Due Mo DATE OF BURIAL 7-10-1921

20 UNDERTAKER La Due Mo ADDRESS La Due 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.

My file no. 13

1 PLACE OF DEATH

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

County
 Township
 or
 Village
 or
 City
 Registration District No. File No.
 Primary Registration District No. Registered No.
 (NO) St. Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
 4 COLOR OR RACE
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
 6 DATE OF BIRTH (Month) (Day) (Year)
 7 AGE yrs. mos. ds. If LESS than 1 day, hrs. or min.
 8 OCCUPATION (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE (City or town, State or foreign country)
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)
 (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 191... (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from 191... to 191... that I last saw him alive on 191... and that death occurred, on the date stated above, at The CAUSE OF DEATH* was as follows:
 (Duration) yrs. mos. ds.
 (Duration) yrs. mos. ds.
 (Signed) (Address) M. D.
 CONTRIBUTORY (Secondary)
 *State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191...
 20 UNDERTAKER ADDRESS

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.