

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.

JAN 23 1929

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

Do not use this space.

40363

1. PLACE OF DEATH
 County Henry Registration District No. 354
 Township Big Creek Primary Registration District No. 5503
 City..... (No.....) St. Ward.....
 File No.....
 Registered No. 16

2. FULL NAME Nancy Jane Gilliam
 (a) Residence. No..... St. Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Gilliam
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 1842
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 6 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....
 9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Henry Co, Mo
 10. NAME OF FATHER Nathan D Lane
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Jane McMahan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ohio

PARENTS

14. INFORMANT J. E. Gilliam
 (Address) Clinton, Mo.
 15. FILED Dec 23 1928 J. B. Beatty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23-1928
 17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928 to Dec 21, 1928 that I last saw her alive on Dec 21, 1928, and that death occurred, on the date stated above, at 12-10A m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza with Acute Bronchitis
11A
106A (duration)..... yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) NO (duration)..... yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED..... IF NOT AT PLACE OF DEATH.....
 0 DID AN OPERATION PRECEDE DEATH? N.O. DATE OF.....
 WAS THERE AN AUTOPSY? N.O.
 WHAT TEST CONFIRMED DIAGNOSIS?..... (Signed) J. B. Beatty, M. D.
12/23, 1928 (Address) Clinton Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carrsville, Cem DATE OF BURIAL 12/23/28
 20. UNDERTAKER O. L. Cook ADDRESS Chilhowee

