

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

Do not use this space.

8701

1. PLACE OF DEATH

County HENRY Registration District No. 349
Township _____ Primary Registration District No. 4007
City Calhoun (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME Nancy Jane Hark

(a) Residence, No. Calhoun Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-34

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josia Hark

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933, to Mar 31 1934
I last saw her alive on Mar 1 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1854

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

7. AGE YEARS 79 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

Myocardial degeneration
Stenosis of the Valves

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Stenosis of the Valves

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Henry Sinclair

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy?

15. MAIDEN NAME Lucinda Gentry

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury _____, 1934

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT D. John Hill (ADDRESS) Calhoun Mo.

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL Calhoun DATE April 1-34

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Fred W. Williams (ADDRESS) Calhoun Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED 3-31-34 1934 Mo. G. G. Gady Registrar.

(Signed) J. J. P. [Signature], M. D.
(Address) Calhoun Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

