

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.

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

Do not use this space.

JAN 26 1936

39369

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Nancy Avery
(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Avery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1866
7. AGE YEARS 69 MONTHS 5 Days 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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 _____

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

13. NAME Ed Elliston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Carolina

15. MAIDEN NAME Julia Merrill

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

17. INFORMANT (ADDRESS) Forest Avery, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 12-26-35

19. UNDERTAKER (ADDRESS) Linns Funeral Home, Clinton, Mo.

20. FILED 12-21 1935 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 35 to Dec 24, 1935
I last saw h. or alive on Dec 23, 1935 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis

Date of onset 1933

Other contributory causes of importance: none
Name of operation none Date of _____
What test confirmed diagnosis? chest + sputum Was there an autopsy? no

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? no
If so, specify _____
(Signed) S. B. Hughes, M. D.
(Address) Clinton, Mo.

