

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 74 1933

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.

10394

1. PLACE OF DEATH
 County Monteau Registration District No. 1095
 Townships moreau Primary Registration District No. 4336
 City Clarksburg (No. _____) St. _____ Ward _____

2. FULL NAME Nancy C. Birdsong
 (a) Residence, No. Clarksburg mo St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Birdsong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 - 8 9

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co. mo.

MOTHER FATHER
 13. NAME Logan Jobe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.
 15. MAIDEN NAME Mary Sailing
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT John Birdsong
 (ADDRESS) Clarksburg, mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clarksburg mo. DATE May 22 1933

19. UNDERTAKER Wm. H. Smith
 (ADDRESS) Clarksburg mo.

20. FILED Mar 22 1933
J. C. Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-7-33, 1933, to 3-21-33, 1933
 I last saw her alive on 3-21-33, 1933 Death is said to have occurred on the date stated above, at 1:15 p.m. a.m.
 The principal cause of death and related causes of importance were as follows:
1) mitral insufficiency Date of onset 92A 108

Other contributory causes of importance:
Pneumonia (lobar)

Name of operation _____ 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) P. C. Farris, M. D.
 (Address) Clarksburg, mo.

