WRITE PLAINLY, [illegible]TH UNFADING INK--THIS IS A PERMAN[illegible]T 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.

NOV 10 1933

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

Do not use this space.

File No. 34239

Registered No. 120

1. PLACE OF DEATH

94

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near City Farmington, Mo. (No. ......, ... St. ...... Ward)

2. FULL NAME Nancy Alice McGee

(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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 77 MONTHS ? DAYS ? If LESS than 1 day, ... hrs. or ...... min.

OCCUPATION

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) Va.

2

FATHER

13. NAME Unknwon

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

2

MOTHER

15. MAIDEN NAME Unknown

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

33

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE McGee Cemetery Farmington, Mo DATE 10-28 1933

19. UNDERTAKER Cozean (Farmington Und Co)
(ADDRESS) Farmington Mo

20. FILED Oct 28 1933 B. J. Robinson Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1933, to October 26, 1933

I last saw h.er alive on October 25, 1933. Death is said to have occurred on the date stated above, at 6 30 P.m.

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

	Date of onset
Arteriosclerosis	?
Cellulitis of Right Arm	Oct 24, 1933

107A

97

1328

91

Other contributory causes of importance:

Bronchial Pneumonia	Oct 25 1933
Arteriosclerotic Psychosis	1930

Name of operation None Date of ——

What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.

(Address) Farmington, Mo