

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

Do not use this space.

18088

1. PLACE OF DEATH

County Jackson
Township Frank
City Quindary (No. Union Station High.)

Registration District No. 399

Primary Registration District No. 2062

File No. _____
Registered No. 2220 St. _____ Ward _____

2. FULL NAME

Nancy Amy Ecton

(a) Residence. No. Belton 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe.

4. COLOR OR RACE

White

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

Widow

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

D. W. Ecton

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

Feb. 27 - 64

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>2</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Home.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cass. Co. Mo.

10. NAME OF FATHER

Frank Belcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Miss Phillips

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

England

14. INFORMANT (Address)

Mrs. Grace Wilkey
Raytown Mo.

15. FILE

May 17, 31 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16 1931

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Right Rt Pulmonary Artery

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Stanley H. Hall M. D.

5/16, 1931 (Address) Deputy Coroner

*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

DATE OF BURIAL

Lee, Summit 5-19 1931

20. UNDERTAKER

ADDRESS

E. K. George & Son, Belton Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

