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

Do not use this space.

File No. 24130

Registered No. 90

1. PLACE OF DEATH
County Audrain
Township Salisbury
City Mexico Mo (No. Audrain Hospital St. Ward)

Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME NANNIE S. MOREHEAD

(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. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 24 1931

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.

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: Thomas Morehead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 10, 1851

7. AGE: YEARS 79 | MONTHS 8 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Centralia Mo.

FATHER

13. NAME: Jas. H. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va. Va

MOTHER

15. MAIDEN NAME: Mary Wisler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

17. INFORMANT (ADDRESS): Thos. Morehead Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Grove, Paris, Mo. DATE: July 23, 1931

19. UNDERTAKER (ADDRESS): Speed & Blakey Paris, Mo.

20. FILED: July 22, 1931. Fra S. Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1931.

22. I HEREBY CERTIFY That I attended deceased from July 5, 1931, to July 22, 1931
I last saw her alive on July 21, 1931. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Do not know

Other contributory causes of importance:

Name of operation: 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) William Ford, M. D.
(Address) Mexico, Mo.

1931 - 7 - 22
1881 - 11 - 10
49 8 - 12

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

Do not use this space.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No. 24130
Township Saltrivier — Primary Registration District No. 3002 — Registered No. 90
City Mexico Mo (No. Audrain Hospital St. Ward)

2. FULL NAME NANNIE S. MOREHEAD
(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. 1 mos. 3 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: Thomas Morehead
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 10, ~~1831~~ 1881
7. AGE: 49 Years ~~79~~ Months 8 Days 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Centralia Mo.

FATHER
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MOTHER
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I last saw her alive on July 21, 1931. Death is said to have occurred on the date stated above, at 3 A m.
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Pulmonary Tuberculosis
VBA
Date of onset: Do not know

Other contributory causes of importance:
Items #6 & 7 corr. by aff. from fun. home - 3-16-81. Verf. by Photocopy of page from Family Bible - Nannie Jones (morehead) - DOB - 11-10-1881

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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(Signed) William Ford, M. D.
(Address) Mexico, Mo.

3-17-81