

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

Do not use this space.

24069

1. PLACE OF DEATH
 82 County Pike Registration District No. 683-
 Township Calumet Primary Registration District No. 7909B
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Janette M. Nalley
 (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.

File No. 24
 Registered No. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Nalley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20 1892

7. AGE YEARS 37 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Le Cour Ill

MOTHER FATHER 13. NAME John Mc Garry

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT M. G. Nalley
 (ADDRESS) Paynesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Cemetery DATE July 4 1923

19. UNDERTAKER Grash Hardware Co
 (ADDRESS) Edina Mo

20. FILED July 2 1923 Paynesville Mo
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1923

22. I HEREBY CERTIFY, that I attended deceased from Apr 6 1923, to July 2 1923.
 I last saw him alive on July 2 1923. Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of ovary and omentum
 Date of onset _____

Other contributory causes of importance: _____

Name of operation Exploratory Date of June 1923
 What test confirmed diagnosis Physicians diagnosis 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? _____
 If so, specify _____
 (Signed) C. L. B. and head, M. D.
 (Address) Paynesville Mo

WHILE FEMER, 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.

AUG. 6. 1923

335

31

H. H. J. ...

