

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

Do not use this space.

JUN 5 1935

11759

1. PLACE OF DEATH

County Webster
 Township Union
 City Conway (No. _____) St. _____ Ward _____

Registration District No. 900
 Primary Registration District No. 6205

File No. _____
 Registered No. _____

2. FULL NAME

Nancy J. Weeks

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Weeks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 15-1852</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 1935</u>	11. Total time (years) spent in this occupation <u>X</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>Carpenter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Luther Weeks</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Good Springs</u> DATE <u>March 19</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Ray Rainey, Northfield</u>		
20. FILE <u>May 9</u> 19 <u>35</u> <u>W. A. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-10-1935 to 3-17-1935
 I last saw him alive on 3-16-1935. Death is said to have occurred on the date stated above, at 7:16 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset _____

Other contributory causes of importance:
Heart + kidney

Name of operation None Date of _____
 What test confirmed 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? no
 If so, specify _____
 (Signed) A. C. Bessage, M. D.
 (Address) Conway, 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.

31
31

