

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.

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

Do not use this space.

JAN 18 1935

38480

1. PLACE OF DEATH

County Audrain
Township
City Mexico, Mo (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 185 Ward _____

2. FULL NAME

Nancy Belle Tanner (Nancy Belle Tanner)

(a) Residence, No. 6034 Boulevard - St., _____ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James W. Tanner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 12, 1864</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>11</u>	DAYS <u>17</u>
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.		
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) <u>Monroe County Mo.</u>		
13. NAME <u>William F. Deaver</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Elyza Jane Young</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs John Brown</u> (ADDRESS) <u>Mexico, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amwood Mexico, Mo</u> DATE <u>Dec. 30 35</u>		
19. UNDERTAKER <u>H. A. Orselt & Son</u> (ADDRESS) <u>Mexico, Mo</u>		
20. FILED <u>Dec 30- 1935</u> <u>Blanche Neely</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1935, to Dec 29, 1935
I last saw her alive on Dec 28, 1935 Death is said to have occurred on the date stated above, at 2 A. M.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia.

Other contributory causes of importance:
None

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. C. Barrett, M. D.
(Address) Mexico Mo

