AUG 18 1936

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

Do not use this space.
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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6894

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME NANCY T Wesley

(a) Residence, No. 418 Sermont St. NR Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-7-1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	3	—	

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) Doyle Tennessee.

FATHER

13. NAME William Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer Tennessee.

MOTHER

15. MAIDEN NAME Elizabeth Kennady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth-Town Kentucky.

17. INFORMANT (ADDRESS) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill. DATE July 9 1936

19. UNDERTAKER (ADDRESS) Parker and Co Webster Groves

20. FILED JUL 8 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1936, to July 7 1936

I last saw h. alive on July 7 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1932

Other contributory causes of importance:

Name of operation ..... 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) E. O. Breckenridge, M. D.

(Address) Maplewood 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.