CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 16 1937

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

Do not use this space.

19352

File No. 4

Registered No. 4

1. PLACE OF DEATH

County Barton — Registration District No. 1004

Township Richland — Primary Registration District No. 5049

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nannie Lee Beatty

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: C. C. Beatty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10 - 1863

7. AGE: Years 74 — Months 1 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Cooper Co. Mo.

FATHER

13. NAME: John Rankin Ware

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo.

MOTHER

15. MAIDEN NAME: Luna Lizzie Fitten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Athens Alabama

17. INFORMANT (ADDRESS): C. C. Beatty, Lenompra Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: I.O.O.F. Cem. Golden City Mo. DATE: June 2 1937

19. UNDERTAKER (ADDRESS): E. A. Phillips, Golden City Mo.

20. FILED June 10 1937 Ethel Allen Crawford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21 - 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to May 21 - 1937

I last saw her alive on May 23, 1937. Death is said to have occurred on the date stated above, at 6 30 P m.

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

Carcinoma of Stomach — Date of onset: Not known Hadly

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Tolerated 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. M. Brooks, M. D.

(Address) Golden City Mo.

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