

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

Do not use this space.

33610

1. PLACE OF DEATH

County Hollinger Registration District No. 67 File No. 33610
Township Lorance Primary Registration District No. 51020 Registered No. 12
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Loyd Edgar Nanney

(a) Residence, No. Near Marble Hill Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1937

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

22. I HEREBY CERTIFY That I attended deceased from Only on date of death May 5th 1937 19____ to _____ 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31st 1916

I last saw h. _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 1 5

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

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

Came to death in automobile Accident

Drunk on car - Head on Collision

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill

Name of operation _____ Date of _____

13. NAME Monroe Nanney

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-9-37

15. MAIDEN NAME Mary Stratton

Where did injury occur? Near Marble Hill, Hollinger Co.
(Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo.

Specify whether injury occurred in industry, in home, or in public place on public road

17. INFORMANT (ADDRESS) Marble Hill Mo.

Manner of injury Crushed chest Head and

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE May 6th 1937

Nature of injury left arm

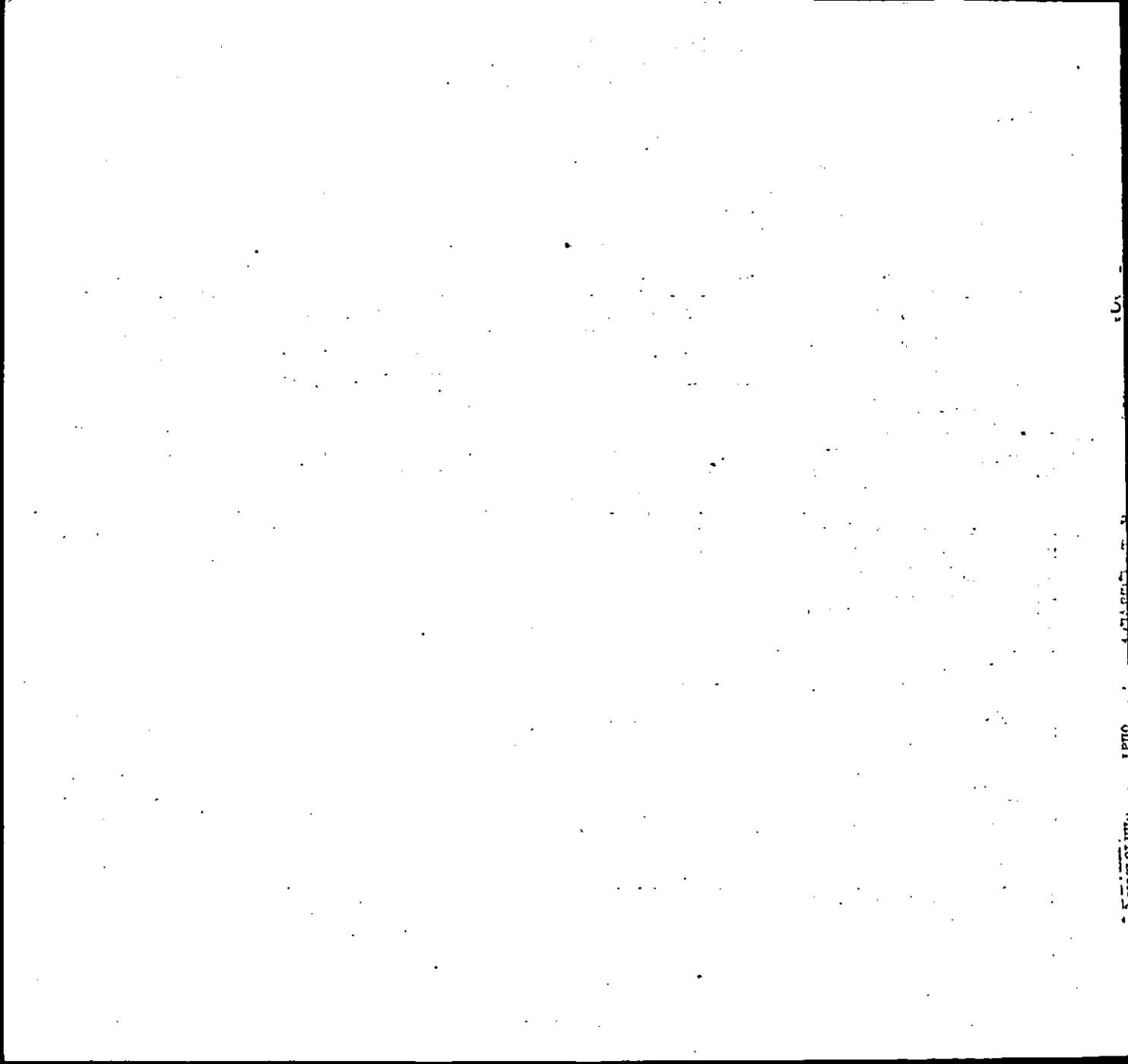
19. UNDERTAKER (ADDRESS) Barker Funeral Home, Lutesville Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 10-9-37 Mrs. C. E. Bender Registrar.

If so, specify I had an ambulance, M. D. (Address) Lutesville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.



LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

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OCT 15 1937

1. PLACE OF DEATH

County Pollinger,
Township Lorence,
City Marble Hill

Registration District No. 67
Primary Registration District No. 5-102C
(No. near Marble Hill, Mo)

File No. 33610
Registered No. 12
St. _____ Ward _____

2. FULL NAME Loyd Edgar Nanney

(a) Residence, No. near Marble Hill, Mo, St. _____, Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 31st 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 5

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

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) Marble Hill

FATHER 13. NAME Monroe Nanney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lutesville,

MOTHER 15. MAIDEN NAME Mary Stratton,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble, Hill,

17. INFORMANT Monroe Nanney
(ADDRESS) Marble, Hill Mo,

18. BURIAL CREMATION, OR REMOVAL PLACE Mount Zion, DATE May, 6th 1937

19. UNDERTAKER Baker Funeral Home,
(ADDRESS) Lutesville Mo

20. FILED 10-9 19 37 Mr. C. C. Sander
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from only on duty 1937 to May 5, 1937.
I last saw deceased alive on May 5, 1937. Death is said to have occurred on the date stated above, at 1-30 P.
The principal cause of death and related causes of importance were as follows:

Chose to death in Automobile
accident

Other contributory causes of importance:
deceased was driving his own auto on road on collision with truck in which deceased was crushed, dying 30-4 hours later

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? Accident Date of injury 5-5-1937
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury auto accident
Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) C. C. Sander M. D.
(Address) Marble Hill, Mo

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

Do not use this space.

210M

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No....., St.....

2. FULL NAME

William

(a) Residence, No..... St..... Ward.....
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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OCCUPATION

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED..... 19..... Registrar.....

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased....., 19....., to.....

I last saw h..... alive on....., 19..... De.....

to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were.....

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 follo Accident, suicide, or homicide?..... Date of injury.....

Where did injury occur?..... (Specify city or town, county, and St.
 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).....

(Address).....