

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

Do not use this space.

OCT 22 1937

34830

1. PLACE OF DEATH
 County Montgomery Registration District No. 591
 Township Prarie Primary Registration District No. 5789
 City Madison Mo (No.) St. Ward

2. FULL NAME Nancy Elizabeth (Woods) Cohagen
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? - yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>William Cohagen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28 - 1860</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>11</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.			
	10. Date deceased last worked at this occupation (month and year) <u>Mar 17 33</u>			
				11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wellsville Missouri</u>				
FATHER	13. NAME <u>William A Woods</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Auburn Co. Va.</u>			
	15. MAIDEN NAME <u>Theresa Sanford</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co Missouri</u>			
	17. INFORMANT <u>F. L. Cohagen</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellsville Mo</u> DATE <u>Sept 11 1937</u>				
19. UNDERTAKER <u>Protestant of Lubne</u> (ADDRESS) <u>Wellsville Mo</u>				
20. FILED <u>9111</u> 19 <u>37</u> <u>Leah Rigg</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9. 1937

22. I HEREBY CERTIFY, that I attended deceased from Nov 1933, to Sept 9 1937
 I last saw her alive on Sept 5 1937. Death is said to have occurred on the date stated above, at 9:20 P m.
 The principal cause of death and related causes of importance were as follows:
Uremic Poison
Chronic Interstitial Nephritis
Chronic Myocarditis
Arterio Sclerosis
Chronic Secondary Hypertension
 Other contributory causes of importance:
Semility

Date of onset	<u>9/3/37</u>
<u>1922</u>	
<u>1930</u>	
<u>1920</u>	
<u>1925</u>	

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) G. F. Van Arsdale
 (Address) Bellevue, Mo

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

