

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

Do not use this space.

1939 OCT 10 1939

32151

1. PLACE OF DEATH

County Christian
Township Sparta
City Sparta (No. _____)

Registration District No. 185
Primary Registration District No. 4111

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nancy Jane Cousin
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 29

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

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) Missouri

13. NAME Gill Mackey

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

15. MAIDEN NAME Lucinda Adams

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

17. INFORMANT (ADDRESS) Frank Moses Sparta, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta DATE 9-3rd-39

19. UNDERTAKER (ADDRESS) Kathryn & Chaffin Sparta, Mo

20. FILED 10-2-39 Josephine Muritt Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug-18-1939 to Sept-2-1939
I last saw her alive on Sept 2nd 10 AM 1939. Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

acute Gastric Catarrh Date of onset 8-29-39

Other contributory causes of importance:
Amyloid Degenerated Liver
Chronic Gastric Catarrh

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. 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) Dr. Harry H. Nelson, M.D.
_____ Sparta, Missouri

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

RECEIVED

District Health Officer No. 6,

District File No. 1039-1908

Date Filed OCT 2 1939