

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

35689
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
 (b) Township Cape Primary Registration District No. 3009
 (c) City Cape Girardeau or (d) Street No. St. Francis Hosp. Registered No. 349
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Jane De Grant

(a) Residence, No. 111 So. Louisiana St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Flemin De Grant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	77	6	18	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
 9. Industry or business in which work was done, as 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) French Village (STATE OR COUNTRY) Mo.

FATHER 13. NAME Wm. Pattterson

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

MOTHER 15. MAIDEN NAME Dont Know

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

17. INFORMANT Henry Dalton (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pork View Cemt. DATE Oct. 10 39

19. FUNERAL DIRECTOR (NAME) L.L. Haman (ADDRESS) Cape Girardeau Mo.

20. FILED 10-9-39 John Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 39

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1939, to Oct 9, 1939

I last saw her alive on Oct 9, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Heart disease (myocarditis)
Fracture of hip (penetrating)
 Date of onset 1938

Other contributory causes of importance:
Fracture of hip (penetrating)

Name of operation None Date of None
 What test confirmed diagnosis? Physician's Report Was there an autopsy? No

23. If death was due to external causes (violence), list also the following:
 Accident, suicide, or homicide? None Date of injury 12-9, 1939
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell over the hip in home
 Nature of injury Fracture surgical neck femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) Dr. W. W. ..., M. D.
 (Address) Cape Girardeau Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

L. L. Haman

Licensed Embalmer No.

2863

P.O. Address

Cape Girardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.