FILED OCT 10 1941

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

31142
Do not use this space.

1. PLACE OF DEATH
(a) County: Butler Co. Registration District No.: 89
(b) Township: Harrisville Primary Registration District No.: 5131 Registered No.: 371
(c) City or Town: Harrisville R 1 (d) Street No.: St.
(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 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: NATTIE WESLEY
(a) Residence, No.: Butler Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Wesley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 28 1875
7. AGE: YEARS 66 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housewife
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) (STATE OR COUNTRY): Dawsonville S. C.

FATHER
13. NAME: Calvin Aberhan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dawsonville S. C.

MOTHER
15. MAIDEN NAME: Hattie Irwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dawsonville S. C.

17. INFORMANT (ADDRESS): Geo. Wesley Harrisville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: New Hope DATE: 9-30 19 41
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Minnie Gish Naylor Mo
20. FILED: 9-30 19 41 Belle Kinne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 28 19 41
22. I HEREBY CERTIFY, That I attended deceased from Sept 24 19 41, to Sept 28 19 41
I last saw her alive on Sept 24 19 41. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration with hypertension	

Other contributory causes of importance: 93d

Name of operation: None Date of:
What test confirmed diagnosis? clinical 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) N. Tuckute, M. D.
(Address) Naylor Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. Age should be given in years, months and days if under one year. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

OCT 8 1941

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 Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

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

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