

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **273**

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 m - 23 d
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: Montgomery
 (a) State Mo (b) County Callaway
 (c) City or town Fulton Kellsville Mo
 (If outside city or town limits, write "RURAL") 12
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Nancy Elizabeth Odem
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 12
 year 1941 hour 5 minute 45 P. M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, divorced, widowed
 6. (c) Age of husband or wife if alive deceased years 22
 7. Birth date of deceased: May (Month) 22 (Day) 1857 (Year)

21. I hereby certify that I attended the deceased from 10/12, 1941, to 10/12, 1941; that I last saw her alive on 10/12/41, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>20</u>	hr. _____ min _____

Immediate cause of death: bronchial pneumonia Duration 3 days

9. Birthplace W. Virginia (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to _____
 Due to _____
 Other conditions Senile Psychosis (Include pregnancy within 3 months of death) 4 yrs

11. Industry or business _____
 12. Name Jessie Plum
 13. Birthplace OK (City, town, or county) (State or foreign country)
 14. Maiden name Mary Simmons
 15. Birthplace OK (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 101
 Underline the cause to which death should be charged statistically.

16. (a) Informant Reverend
 (b) Address _____
 17. (a) Removal (b) Date thereof Oct 12, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director W. B. Kelly
 (b) Address Kellsville Mo
 19. (a) 10-12/41 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature George W. Reers (M. D. or other) D
 Address Fulton Mo Date signed 10/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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