AUG 20

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

Do not use this space.

21837

1. PLACE OF DEATH

County Barry Registration District No. 20 File No.

Township Monett Primary Registration District No. 2003 Registered No. 42

City (No. , St. Ward)

2. FULL NAME Nancy Jane Birkes.

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Birkes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1847.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	83	0	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Elijah Waldrip.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England.

12. MAIDEN NAME OF MOTHER Terry.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Laura Buxton
(Address) Purdy, Mo.

15. FILED 7-25 1930 W. M. West REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1930, to July 24, 1930 that I last saw her alive on July 24, 1930, and that death occurred, on the date stated above, at 7:47 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Broncho Pneumonia
82B
92D
107A

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Paralysis

(duration) 6 yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. T. Dusenbury, M. D.

, 1930 (Address) Monett Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Purdy.	7-25 1930

20. UNDERTAKER	ADDRESS
Blankenship	Purdy

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.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County Barry
Township Mt
City Monett (No. , St. Ward)
Registration District No. 30
Primary Registration District No. 3003
File No.
Registered No. 42

2. FULL NAME Nancy Jane Birks
(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

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid
5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year)
7. AGE Years Months Days If LESS than 1 day, ...hrs. or ......min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town)
(State or country)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town)
(State or country)

14. Informant
(Address)

15. Filed 9.10.1930 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) July 24 1930

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....,
that I last saw h.... alive on ...., 19...., and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:
Double Broncho Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Paralysis
Hemiplegia from apoplexy
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) ...., M. D
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
DATE OF BURIAL
19
20. UNDERTAKER
ADDRESS

5-21837