

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

Do not use this space.

**1. PLACE OF DEATH**

County Carroll  
Township Bridgeport  
City Bosworth, (No. \_\_\_\_\_)

Registration District No. 134  
Primary Registration District No. 40751

File No. 19753  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME: MRS. Nancy J. Wires**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>F.</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>A.L. Wires</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 25th 1869</b>		
7. AGE <b>64</b> YEARS	<b>9</b> MONTHS	<b>19</b> DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Houskeeper</b>
	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) **Bosworth,** (STATE OR COUNTRY) **MO.**

13. NAME **Thomas J. Brown**

14. BIRTHPLACE (CITY OR TOWN) **Idaho** (STATE OR COUNTRY) **Idaho**

15. MAIDEN NAME **Sarah A. Brown**

16. BIRTHPLACE (CITY OR TOWN) **Idaho** (STATE OR COUNTRY) **Idaho**

17. INFORMANT **Dr. A. G. Ross Brown** (ADDRESS) **Bosworth Mo**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Elizabeth** DATE **June 15,** 19 **34**

19. UNDERTAKER **Paul Legend** (ADDRESS) **Bosworth Mo**

20. FILED **June 14,** 19 **34** **Mrs. Ross Brown** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14th**, 19 **34**

22. HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19 **34**, to **June 14**, 19 **34**  
I last saw **her** alive on **June 14**, 19 **34**. Death is said to have occurred on the date stated above, at **6:10 A.** m.  
The principal cause of death and related causes of importance were as follows:  
**Shock to Brain** Date of onset \_\_\_\_\_

Other contributory causes of importance: **17-8**

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_

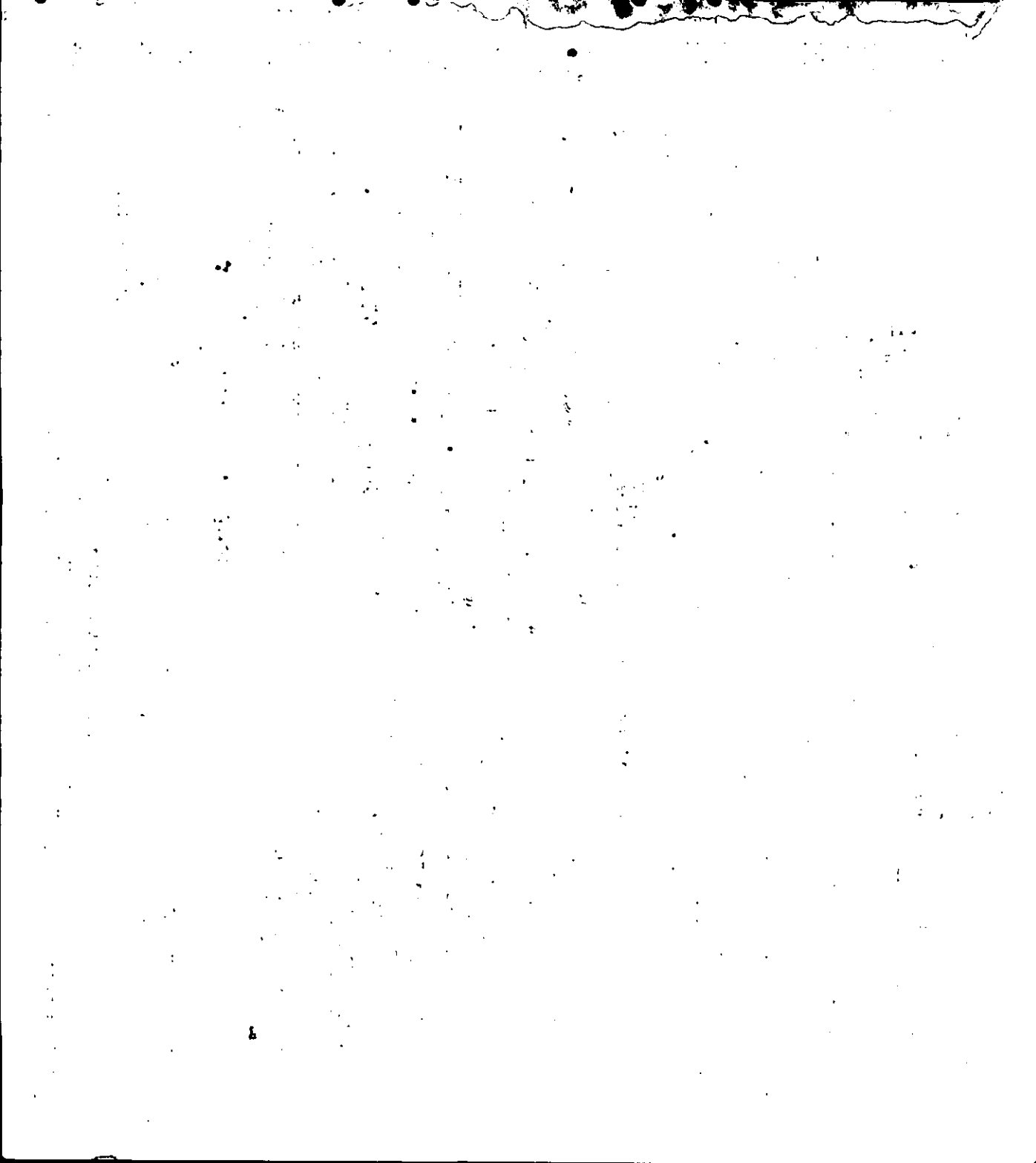
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) **Dr. Ross Brown** M. D.  
(Address) **Bosworth Mo**

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.

JUL 12 1934



## DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

## BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

19753

Carroll

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Nancy J. Wines  
 Who died at \_\_\_\_\_ on June 14 - 1934  
 Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 64 Months 9 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: abscess of brain Month \_\_\_\_\_ Year \_\_\_\_\_  
 Birthplace (State or country) \_\_\_\_\_  
 Birthplace of father (State or country) \_\_\_\_\_  
 Birthplace of mother (State or country) \_\_\_\_\_  
 Principal cause of death: abscess brain traumatic

Other contributory causes of importance \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of 1945  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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 \_\_\_\_\_  
 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 Name of physician \_\_\_\_\_  
 Address of physician Mrs. Ross Brown  
 Signature of Registrar \_\_\_\_\_ Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 13  
 Primary Reg. - Dist. No. 4075  
 Very truly yours,  
E. T. McGaugh  
 State Registrar  
 Special Agent.

The patient had fall about  
 3 yrs previous to death  
 remained unconscious for  
 2 hrs. The fall is supposed  
 to have produced the  
 lesions of the Brain

(1934) 5-19753