

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

PLACE OF DEATH

County

Jackson

Township

Staw

Village

City

Kansas City

Registration District No. *399*

File No.

22725

Primary Registration District No. *1002*

Registered No.

2131

St. *13* Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Nathaw Jackson Middleton

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE MARRIED WIDOWED OR DIVORCED *Widowed*
(Write the word)

DATE OF BIRTH *February 13th, 1884*
(Month) (Day) (Year)

AGE *80* yrs. *5* mos. *5* ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work *Retired*
(b) General nature of industry, business, or establishment in which employed (or employer) *Farmer*

BIRTHPLACE (City or town, State or foreign country) *Ohio*

NAME OF FATHER *Thomas Middleton*

BIRTHPLACE OF FATHER (City or town, State or foreign country) *Va*

MAIDEN NAME OF MOTHER *Sarah Hartsook*

BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Va*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Chas E. Bigler*

(ADDRESS) *3539 College*

JUL 13 1914

Filled _____ 191_____

M. S. Wheely

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *July 12th, 1914*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *July 10*, 1914, to *July 12*, 1914, that I last saw him alive on *July 12*, 1914, and that death occurred, on the date stated above, at *8:50* p.m.

The CAUSE OF DEATH* was as follows:

Uraemic poisoning
131 Seminary
132B (Duration) *1* yrs. *6* mos. *5* ds.
167 Contributory *Chronic nephritis*
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) *Collin S. Walker* M. D.
July 12 1914 (Address) *509 Granden Loop*

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) *Unknown*

At place of death *1* yrs. *6* mos. *5* ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence *Nevada* *Blau*

PLACE OF BURIAL OR REMOVAL *Nevada Mo.* DATE OF BURIAL *July 14*, 1914

UNDERTAKER *J. W. Wagner* ADDRESS *1409 Grand*

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.

