

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.

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

PLACE OF DEATH  
County Howard  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Hayette Mo. (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 378 File No. 924  
Primary Registration District No. 4222 Registered No. 3

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

FULL NAME John Lawrence Nettie

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married  
DATE OF BIRTH April 28, 1831  
(Month) (Day) (Year)  
AGE 83 yrs. 8 mos. 9 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Farmer, retired, 10 yrs  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Howard County Mo.

PARENTS  
NAME OF FATHER Martin Nettie  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia  
MAIDEN NAME OF MOTHER Ann Horsesham  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. L. Nettie  
(ADDRESS) Hayette Mo.

Filed 1-8-1915 W. L. Nettie  
REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7th, 1915  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 23-, 1914, to Jan 7-, 1915, that I last saw him alive on Jan 7-, 1915, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH\* was as follows:  
Mucous Enteritis

97 / 100  
120 B (Duration) 15 yrs. 0 mos. 0 ds.

Contributory Arteriosclerosis  
(SECONDARY) (Duration) 5 yrs. 0 mos. 0 ds.

(Signed) W. L. Nettie M. D.  
1-8-, 1915 (Address) Hayette Mo.

\*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)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Hayette City Cem. DATE OF BURIAL Jan 8th, 1915

UNDERTAKER E. S. Shepherd ADDRESS Hayette Mo.

