

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

Do not use this space.

1331

1. PLACE OF DEATH

County Jackson Registration District No. 88

Township Kaw Primary Registration District No. U.L.

City St. Tanasacity (No. 1221) Highland St. Highland Ward Highland

File No. 570

Registered No. 570

St. Highland Ward Highland

2. FULL NAME

(a) Residence No. 1913 614 St. Highland Ward Highland

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Jan. 7 1886

7. AGE

YEARS 41

MONTHS

DAYS 15

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Laundryman

(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)

Arkansas

10. NAME OF FATHER

Edmond Nett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Hattie Wiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT (Address)

Floyd Nett
13340 Hardesty

15.

FILED

Jan. 26 27 M. M. Croffe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-22-1927

17.

I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide Firearms
173

CONTRIBUTORY (SECONDARY)

1917

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Did an operation precede death? DATE OF _____

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Deputy Coroner, M. D.

(Address) Deputy Coroner

*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

Highland Cem.

1/29 1927

20. UNDERTAKER

ADDRESS

Watkins Bros. 1729 Lydia

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.

