

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

Do not use this space.

3418

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City Hospital #2)

File No. 1049  
Registered No. 1049  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edward Nushley  
(a) Residence. No. H. 3 & 2 Labadie St. 110 Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 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**

2. 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) Aug. 13 1880

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
47 5 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER May?

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

14. INFORMANT Anna F. Woodard  
(Address) City Hospital #2

15. FILED 29 1928 Man & Starkoff  
Register

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1928, to Jan. 20, 1928  
that I last saw him alive on Jan. 20, 1928, and that death occurred, on the date stated above, at 8:55 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Chronic myocarditis  
93C

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Ed. H. H. H. M. D.  
, 19 (Address) City Hosp. #2

\*State the DISEASE CAUSING DEATH, or if 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 Jackson Tenn. DATE OF BURIAL Jan 29 1928

20. UNDERTAKER M. C. Gordon and Co ADDRESS 2649 Morgan St

THIS IS A PERMANENT RECORD

M. 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.

