

MAR 16 1928

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

Do not use this space.

4196

## 1. PLACE OF DEATH

County Buller  
Towship Ash Hill  
City Broseley (No. ....)

Registration District No. 90  
Primary Registration District No. 57342

File No. ....  
Registered No. 2 St. .... Ward)

## 2. FULL NAME

Johnny Geraldine Nations  
(a) Residence No. Broseley 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant  
(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) Broseley, Mo.

## 10. NAME OF FATHER

Carl Nations

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mill Springs, Mo.

## 12. MAIDEN NAME OF MOTHER

Jessie Parks

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Carl Nations  
(Address) Broseley, Mo.

15.

FILED 2/22 19 28 Mrs J. Smith  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 19 28

17.

I HEREBY CERTIFY, That I attended deceased from Feb 22, 19 28, to Feb 22, 19 28, and that I last saw him alive on Feb 22, 19 28, and that death occurred, on the date stated above, at HP m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

unknown  
206B  
206B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. Crump M. D.  
, 19 (Address) Broseley Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mole Hill

DATE OF BURIAL 10:00 AM

Feb 24, 1928

## 20. UNDERTAKER

A. W. Greer, Poplar Bluff, Mo.

ADDRESS

Bluff, Mo.

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.

100

100