

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

Do not use this space.

16738

1. PLACE OF DEATH

County Gentry
Towship
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 27
St. Ward)

2. FULL NAME

Fredrick Henry Nail

(a) Residence, No. St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Jelma Nail

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

Feb 7 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34

3

16

8. OCCUPATION OF DECEASED

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

Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Wixom

(STATE OR COUNTRY)

Mich.

10. NAME OF FATHER

Samuel Nail

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Jennie Swift

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wis.

14. INFORMANT

(Address)

Mrs. Jelma Nail
Albany

15. FILED

May 25 28

W. G. Mott

REGISTRAR

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

May 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from

1, 19 27 to May 23, 19 28.
that I last saw him alive on May 23, 19 28, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46C
46. DC asper of Bani and Redun

CONTRIBUTORY (SECONDARY)

45

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

Yes DATE OF May 12 28

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Microscopical

(Signed) Lewis D. Tate, M. D.

(Address) Albany, Mo.

*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

Grant City Mo.

May 28 28

20. UNDERTAKER

ADDRESS

H. W. Baret & Son Albany.

STATE STATEMENT OF OCCUPATION IS VERY IMPORTANT.

JUL 1928

