

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

1. PLACE OF DEATHCounty LewisRegistration District No. 477Township CantonPrimary Registration District No. 4286City Canton (No.)

File No. 27783
 Registered No. 38
 St. Ward)

2. FULL NAMEMartin Spencer Nesbit

(a) Residence. No. St. Ward. (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**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Ella Nesbit**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Sept 21 - 1871**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>56</u>	<u>10</u>	<u>12</u>	<u>-</u>

8. OCCUPATION OF DECEASED(a) Trade, profession, or particular kind of work Salesman(b) General nature of industry, business, or establishment in which employed (or employer) Nursery Stock(c) Name of employer Dominic Nursery**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Williamstown Missouri**PARENTS****10. NAME OF FATHER**John Nesbit**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**Virginia**12. MAIDEN NAME OF MOTHER**Sarah Harris**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**Kentucky**14.**INFORMANT Co. Emmitt J. By
(Address) Monroe City Mo.**15.**FILED Aug 3, 1928 H. W. Harris
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**Aug 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from July 25, 1928, to Aug 2, 1928, that I last saw him alive on Aug 13, 1928, and that death occurred, on the date stated above, at 1:42 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:Shock - Postoperative37 21 135 4 hoursCONTRIBUTORY (SECONDARY) Hypertrophy of Prostate gland (duration) 3 yrs. mos. da.gland hypertrophy of Prostategland hypertrophy of Prostate (duration) 3 yrs. mos. da.**18. WHERE WAS DISEASE CONTRACTED**IF NOT AT PLACE OF DEATH: Monroe City, Mo.DID AN OPERATION PRECEDE DEATH: yes DATE Aug 3 - 28WAS THERE AN AUTOPSY: Physical ExaminationWHAT TEST CONFIRMED DIAGNOSIS: Physical Examination(Signed) F. N. Wagner, M. D.
Aug 3, 1928 (Address) Canton, 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 REMOVALMonroe City Mo -**DATE OF BURIAL**Aug. 5th 1928**20. UNDERTAKER**Wilson & Son - Monroe City Mo.**ADDRESS**Monroe City Mo.

