OCT 27 1928

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

Do not use this space.

30898

1. PLACE OF DEATH

County: Johnson — Registration District No.: 430

Township: East Oak — Primary Registration District No.: 5586

City: East Oak (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Nathan D. Vestal

(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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: Melissa Ford Vestal

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 20 1850

7. AGE: Years 78 | Months 7 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work: Mail Carrier

(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): Missouri

PARENTS

10. NAME OF FATHER: Jesse Vestal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not known

12. MAIDEN NAME OF MOTHER: Martha Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not known

14. INFORMANT: Mrs. Vestal
(Address): East Oak Mo

15. FILED: 9-25, 1928. C. B. Koone, REGISTRAR
9-25-28

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-23-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to 9-23-, 1928 that I last saw h. l. m. alive on 9-23-, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

89.A 7 4 84 (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) O. Pace, M. D.

9-25, 1928 (Address) Leeton, 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: Mineral Creek Cem. — DATE OF BURIAL: 9-25-1928

20. UNDERTAKER: Gilham & Wallace — ADDRESS: Leeton 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.

THIS IS A PERMANENT RECORD