

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

Do not use this space.

40600

4314

1. PLACE OF DEATH

County Jackson

Registration District No. _____

File No. _____

Township Raw

Primary Registration District No. _____

Registered No. _____

City Kansas City (No. 13th Harrison St. Southwest Cor.) (Ward)

2. FULL NAME

Mrs. Stella Nash

(a) Residence. No. 1413 Charlotte St., 2 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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

divorced

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

Mrs. Frank Nash

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

Sept 18-1878

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>50</u>	<u>2</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kansas City Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER

James Renfro

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Trenton Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

near Trenton Mo.
(STATE OR COUNTRY)

14.

INFORMANT William Earl Nash
(Address) 3844 E 10 St.

15.

FILED 12-8-28 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Friday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner
_____ 19____, to _____ 19____

that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental fracture skull

210 M

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

CONTRIBUTORY (SECONDARY) Struck by automobile
K. 6 Mo.
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

at home
IF NOT AT PLACE OF DEATH _____

Did an operation precede death? no DATE OF _____

Was there an autopsy? yes

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Stanley M. Hall, M. D.
12-8-1928 (Address) Deputy Coroner

*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

Elmwood Dec 10 1928

20. UNDERTAKER

ADDRESS

Eglar Funeral Home 1800 Linnwood

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

