

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

Do not use this space.

7916

1. PLACE OF DEATH

County St. Louis
Towship Carondelet
City Koch (No.)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 71 St. Ward

2. FULL NAME

Metra Nash

(a) Residence. No. 1554 Gratiot St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 9 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Pre-School

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Pre-School Age

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4, 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>1</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pre-School
(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

10. NAME OF FATHER Oliver Nash

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Canary Piques

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Tenn

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri

15. FILED Feb 13, 1929 L. C. Obrock, M. U. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from August 3rd, 1927, to Feb. 12, 1929 that I last saw h..... alive on Feb. 12, 1929, and that death occurred, on the date stated above, at 1:50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculous Meningitis

24A
27A
About 32A (duration) x yrs. x mos. 8 ds.

CONTRIBUTORY (SECONDARY) Tuberculous Adenitis

About (duration) 1 yrs. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum
(Signed) Wm A. Lacey M. D.

2/12/29 (Address) Koch Hospital

*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

Greenwood Cem. 2/14 1929
20. UNDERTAKER ADDRESS L. Koch
G. L. Beal Und. Co. Koch, 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.

MAR 27 1929

PARENTS

