

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

Do not use this space.

40771

1. PLACE OF DEATH **U.S.V.Hosp.**

County **Jackson**

Township **Kaw**

City **Kansas City, Mo.**

Registration District No. **39**

Primary Registration District No. **5002**

(No. **U.S.V. Hospital**)

File No. _____

Registered No. **5178**

St. **5178** (Ward)

2. FULL NAME **NEVINS, Oscar Lee**

C-1 439 748 WOE

(a) Residence. No. **Mountain View, Missouri.** St. **Mo.** Ward. **Pvt 1st R.P.L Depot.**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 29, 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Truck Driver**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Edmond**
 (STATE OR COUNTRY) **Kansas**

10. NAME OF FATHER **Sidney S Nevins**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Wisconsin.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Margaret Stratch**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown.**
 (STATE OR COUNTRY)

14. INFORMANT **Mrs. Laura Inlow (Sister)**
 (Address) **Hill City, Kansas.**

15. FILED **12/16, 1929** **M.M. Crowe**
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 14 19 29**

17. I HEREBY CERTIFY, That I attended deceased from **October 23**, 19 **29** to **December 14**, 19 **29** that I last saw him alive on **December 14**, 19 **29**, and that death occurred, on the date stated above, at **10:00 P.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

V.H.D. Mitral Stenosis with Auricular Fibrillation.

92.A
95B **2 years or more.** (duration) yrs. mos. ds.

CONTRIBUTORY **Cardiac Hypertrophy** (SECONDARY) **2 years or more.** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Unknown**
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Phys. Exam & X-ray**

(Signed) **W.E. Chambers, M.D.**
W.E. CHAMBERS, Medical Officer in Charge
SE U.S.V. Hospital, Kansas City, 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 **Mountview Mo** DATE OF BURIAL **12/18 19 29**

20. UNDERTAKER **Willey McElroy** ADDRESS **R.O. McElroy**

1871
J. Mc Gilly