

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

Do not use this space.

11747

1. PLACE OF DEATH
 County Buchanan. Registration District No. 85
 Township..... Primary Registration District No. 1001
 City St. Joseph (No. 515 North 7 Street) St. _____ Ward)

File No. _____
 Registered No. 458

2. FULL NAME Oscar Z. Nail
 (a) Residence. No. 515 North 7 Street 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1930, to April 10 1930, that I last saw h. in alive on April 10 1930, and that death occurred, on the date stated above, at 9 A M m. 0

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 7, 1881

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, _____ hrs. or _____ min.
49 3 4

Carcinoma of Stomach

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Machinist
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer C.B. & Q.R.R.

46E (duration) _____ yrs. 8 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 440 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Ill.

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

10. NAME OF FATHER David Nail

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Taney Co.
 (STATE OR COUNTRY) Maryland

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER ***** Schumacher

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) H F Mundy, M. D.

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

Apr. 11 19 30 (Address) 404 So 3d

*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.

14. INDEPENDENT Mrs. Edith Nail
 (Address) 515 No. 7 Street, St Joseph Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt. Mora Cemetery Apr. 14 19 30

15. FILED John G. Wolf REGISTRAR
14 1930

20. UNDERTAKER ADDRESS
H.O. Sidenfaden 1802 Union St.

N. E.—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.

11-5-9
 1930

