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.

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

Do not use this space.

16207

File No. 2115

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Mercy Hosp St. Ward)

Registration District No. 395
Primary Registration District No. 1002

2. FULL NAME Earl Lewis Nesbit
(a) Residence. No. 3850 E 59th K.C. Mo 16 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: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-22-30

7. AGE: YEARS | MONTHS: 3 | DAYS: 23 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child 24A 82A
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K. C. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lewis Nesbit
11. BIRTHPLACE OF FATHER (CITY OR TOWN) K. C. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Edna May Phelps
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K. C. Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Nesbitt
(Address) 3850 E 59th K.C. Mo.

15. FILED 5/17 1930 M. M. Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-13, 1930, to 5-15, 1930 that I last saw him alive on 5-15, 1930, and that death occurred, on the date stated above, at 5:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Meningitis
32A
(duration) yrs. mos. 26 ds.

CONTRIBUTORY (SECONDARY) Edema of brain due to Blockage in Spinal Canal from meningitis (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Lab. clinical & autopsy
(Signed) S. Pakula MD, M. D.
5/16, 1930 (Address) Mercy Hosp.

*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: Forest Hill
DATE OF BURIAL: May 17 1930

20. UNDERTAKER: Rose & Henderson
ADDRESS: 15th Jackson