

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

Do not use this space.

34649

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. _____

Primary Registration District No. _____

File No. _____
Registered No. 4368
St. _____ Ward _____

2. FULL NAME Earle S. Nesbitt

(a) Residence, No. 3524 Locust St. 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 6 mos. 3 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs. Sue S. Nesbitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mt. Carroll
(STATE OR COUNTRY) Illinois

FATHER 13. NAME John D. Nesbitt
14. BIRTHPLACE (CITY OR TOWN) Hanover
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Ank Stake Miller
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Sue S. Nesbitt
(ADDRESS) 3524 Locust St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Larkie, Mo. DATE Oct. 31, 1931

19. UNDERTAKER C. H. Newcomer's Sons
(ADDRESS) Kansas City, Mo.

20. FILED 10/29 1931 M. M. Crowe
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1931

I HEREBY CERTIFY That I attended deceased from October 20, 1931, to Oct 29, 1931
I last saw him alive on Oct 29, 1931 Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:
Monomer poisoning
1777 (Oysters)
177
130
Other contributory causes of importance:
Artemia 1320
Acute Nephritis

Date of onset Oct 29, 1931

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) P. M. Tuberman, M. D.
(Address) 1002 PROFESSIONAL BLDG.

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.

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