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

Do not use this space.

File No. 39056

Registered No. 11223

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis (No. En Route City Hospital #2 St. Ward)

2. FULL NAME Joseph Nash

(a) Residence, No. 2818 Lawton St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt 41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Laura Nash
(ADDRESS) 2818 Lawton ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 11/8 1931

19. UNDERTAKER C. W. Roberts Ind Co
(ADDRESS) 3838 Lucas ave

20. FILED NOV - 7 1931 Max C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
174 Stab Wound of Heart, caused by knife in hands of one Harry Wright (Col) at 4480 a Park Ave St Louis, Mo.	

Other contributory causes of importance:

174 Homicide	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/4, 1931

Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: In Home

Manner of injury Stabbed (Knife)

Nature of injury Stab Wound of Heart

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Bitterly M. D.

(Address) Spring Garden

11/5/31

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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD