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

Do not use this space.

40649 Dr. Busick

File No. 861

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield Mo. (No. 1193 E. Mill St. Ward)

2. FULL NAME Edmond Wayne Nash

(a) Residence. No. 1193 E. Mill St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	white	

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4-1931

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

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

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

PARENTS

10. NAME OF FATHER Robert H. Nash

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Douglas Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mabel Peacock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greene Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Robert H. Nash
(Address) Springfield Mo.

15. FILED 12-14, 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11- 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-10-, 1931, to 10-11, 1931 that I last saw h...alive on 10-10, 1931, and that death occurred, on the date stated above, at 6.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
10 TA
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 10 TA
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Urban Busick, M. D.
12-12, 1931 (Address) Springfield 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	DATE OF BURIAL
Danforth Cem.	Dec. 12 1931
20. UNDERTAKER Alma Lohmeyer Funeral Home	ADDRESS 534 St. Louis

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.