

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

Do not use this space.

12490

1. PLACE OF DEATH **Veterans' Administration Hospital** 389
 County **Jackson** Registration District No. _____
 Township **Law** Primary Registration District No. **100** File No. _____
 City **Kansas City, Mo.** (No. **U. S. Veterans Hospital**) Registered No. **1422** St. _____ Ward _____

2. FULL NAME **NASSAL, Benjamin Anthony** C-1 986 584 SPBW
 (a) Residence, No. **1006 E 21st** St. **X** Pvt. Bat A.F.A.
 (Usual place of abode) **North Kansas City, Mo.** (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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Genevieve Nassal				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1890				
7. AGE	YEARS 41	MONTHS 9	DAYS 26	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Works in lumber yard			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 144			
	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) Missouri /				
FATHER	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Hospital Records.				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 4-4-32 19				
19. UNDERTAKER (ADDRESS) Freeman Mortuary				
20. FILED Mar 4 3 30 PM '32 Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 3, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **January 26, 1932, to April 3, 1932**
 I last saw him alive on **April 3, 1932** Death is said to have occurred on the date stated above, at **6:15 P.M.**
 The principal cause of death and related causes of importance were as follows:
Tuberculosis, pulmonary, chronic bilateral, far advanced, active B Date of onset **History of 8 years.**

Other contributory causes of importance: **23A** **DB** **D**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **X-ray, Lab. & Autopsy** Was there an autopsy? **Yes**

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 **E. Chambers**, M. D.
E. CHAMBERS, Med. Officer in Charge.
 (Address) **Veterans' Administration Hospital, Kansas City, Missouri.**

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.

MAR 4 1932 PRESERVED FOR BIRTH

V. NO. 2.

