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

Do not use this space.

16512

File No. .....
Registered No. .....

1. PLACE OF DEATH
49 County Jasper — Registration District No. 416
Township ..... — Primary Registration District No. 4248
10 City Sarcoxie (No. ..... St. ..... Ward)

2. FULL NAME Nathan Charles English

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 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 Belle English

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 7 1854

7. AGE Years 77 Months 6 Days 2 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Sidney (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Henry English
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Gage
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs English
(Address) Sarcoxie Mo

15. FILED May 10, 1932 Lrm Simmons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to May 9, 1932 that I last saw him alive on May 9, 1932, and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma - Primary of ear - Metastatic of liver -
52 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 52 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ①
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Lrm Simmons, M. D
May 10, 1932 (Address) Sarcoxie, 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 Sarcoxie, Mo — DATE OF BURIAL May 11 1932

20. UNDERTAKER R. E. Meyer — ADDRESS Sarcoxie Mo

MARGIN RESERVED FOR BINDING

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.

JUN 23 1932

V. S. NO. 2.