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.

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

Do not use this space.

17058

1. PLACE OF DEATH

81 County Phelps — Registration District No. 677 — File No.

2 Township Rolla — Primary Registration District No. 4403 — Registered No. 40

4 City Rolla (No. , St. Ward)

2. FULL NAME James Henry Nester

(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 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1838

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	8	12	

OCCUPATION

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

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) (STATE OR COUNTRY) Indiana

FATHER

13. NAME James Henry Nester

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

MOTHER

15. MAIDEN NAME Dont know

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

17. INFORMANT Mrs Mary Nester
(ADDRESS) Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla, Mo DATE May 19, 32, 19

19. UNDERTAKER Null and Licklider
(ADDRESS) Rolla, Mo

20. FILED May 19, 1932 Jos. F. Ryles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 18, 1932

I last saw him alive on May 18, 1932. Death is said to have occurred on the date stated above, at 7 a m.

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

	Date of onset
Appendicitis	
12 hr	

Other contributory causes of importance:

Name of operation appendectomy Date of 5/10/32

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) A. S. McFarland, M. D.

(Address) Rolla, MO