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

Do not use this space.

38376

File No.

Registered No. 11

1. PLACE OF DEATH

County: Buchanan

Township: Fairview

City: Fairview (No. ..... St. ..... Ward)

Registration District No. C4

Primary Registration District No. 5100

2. FULL NAME: Elisha D Nease

(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.

JAN 21 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Rebecca F Nease

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 4 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	89	10	26	

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

9. BIRTHPLACE (CITY OR TOWN): West Virginia
(STATE OR COUNTRY): Mason Co

PARENTS

10. NAME OF FATHER: Henry Nease

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): West Virginia

12. MAIDEN NAME OF MOTHER: Elizabeth Yeager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): West Virginia

14. INFORMANT: May Marshal
(Address): Fairview, Mo

15. FILED: Dec 31 1932 M. C. Watson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Dec 30, 1932, that I last saw him alive on Dec 30, 1932, and that death occurred, on the date stated above, at 11 a.m. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): no history

(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? none

(Signed) J M Edwards, M. D.

Dec 31 1932 (Address) Crab Timbers

*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
Guyer Cemetery	Jan 1 1933
20. UNDERTAKER	ADDRESS
Bryant	