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

Do not use this space.

**1. PLACE OF DEATH**

27 County Cooper — Registration District No. 219 — File No. 30008

Township Kelly — Primary Registration District No. 5299 — Registered No. 31

City ~~Bunceton, Mo~~ (No. ..... St. ..... Ward)

**2. FULL NAME** Joseph W. Nettle

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

Length of residence in city or town where death occurred 50 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 Rosy Zeta Steger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1852

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 2 | 14 | |

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) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Robert Nettle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~Unknown~~ Penn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER ~~Unknown~~ Anna May Bird

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ~~Unknown~~ Penn
(STATE OR COUNTRY)

14. INFORMANT Rosy Nettle
(Address) Bunceton, Mo.

15. FILED Dec 31, 1932 Hattie Paxton
REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-30, 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 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 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
74A
162 (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Old age
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
0 WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R. Kelly, M. D.
12-31, 1932 (Address) Bunceton, 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 |
|---|---|
| Bunceton Cemetery | 1-1 1933 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| L. G. Parker, Bunceton, Mo | |

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.

JAN 23 1933