

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

Do not use this space.

40187

1. PLACE OF DEATH

49 County Gasconade Registration District No. 408
 5 Township Mahoning Primary Registration District No. 3020
 7 City Cartersville Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

James A. Nash
 (a) Residence No. 1022 Cedar St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15th 1920</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>3</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child.</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Excelsior Springs Mo.</u>		
13. NAME <u>James A. Nash</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
15. MAIDEN NAME <u>Elvie Cornell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ola.</u>		
17. INFORMANT <u>Mrs. J. F. ...</u> (ADDRESS) <u>1022 Cedar St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>12/28/32</u>		
19. UNDERTAKER <u>Oliver - Drake</u> (ADDRESS) <u>Cartersville Mo.</u>		
20. FILED <u>Dec 29, 1932</u> <u>C. H. Ketcham</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to Dec 24, 1932
 I last saw him alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
113 1113
 Other contributory causes of importance:
Involition (3)

Name of operation _____ Date of _____
 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?
 If so, specify Fluorine J. Ingersoll D.O.
 (Signed) _____ (Address) 109 E. 77th St. Cartersville, 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 24 1933

