23 1933

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.

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1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85

5 Township — Primary Registration District No. 1001

9 City St. Joseph, (No. 1824 Sacramento St. Ward)

File No.

Registered No. 15

2. FULL NAME Andrew W. Nash,

(a) Residence, No. 1824 Sacramento St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 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 Sarah A. Nash,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21st. 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	90	10	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Jan. 1908

11. Total time (years) spent in this occupation 40

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsburg, Indiana,

FATHER

13. NAME George B. Nash,

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER

15. MAIDEN NAME Elizabeth McDaniel,

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. Andrew W. Nash 1824 Sacramento Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cemetery DATE Jan. 5th 1933

19. UNDERTAKER (ADDRESS) Heaton Bergole & Bowman 319 So. 10th St. Funeral Home

20. FILED JAN 4 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Jan 3, 1933

I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 12 m. noon

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

arteria-sclerotic gangrene of both legs.

Date of onset

Other contributory causes of importance:

arteria sclerosis general

Name of operation — Date of

What test confirmed diagnosis? Observation Was there an autopsy? no

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 no

(Signed) H S Waller, M. D.

(Address) 301 N 8 St Joseph Mo