

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

Do not use this space.

41021

1. PLACE OF DEATH

County: Pike Registration District No. 689
 Township: Buffalo Primary Registration District No. 30.33
 City: Louisiana (No. Pike County Hospital) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred shows 15 minutes yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-33

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 12 hrs. or 15 min.
Stated 5 0 0 0 12 hrs. 0 15 min.

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) Louisiana Missouri

13. NAME Frank Nestor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri

15. MAIDEN NAME Kathleen Violet Chamberlain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Missouri

17. INFORMANT Frank Nestor (ADDRESS) Ashley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dover Pike Mo DATE 12/24 1933

19. UNDERTAKER W. J. Sunda (ADDRESS) Harlem 4 St. Louis Mo

20. FILED 12/24 1933 P. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1933, to 12-23, 1933.

I last saw her alive on 12-23, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Hydrocephalus
157A Spina Bifida
157B
 Other contributory causes of importance: 157B

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 _____, 1933

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 _____

(Signed) D. H. Wilsey, M. D.
 (Address) Bowling Green Mo

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.

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