

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

Do not use this space.

3747

1. PLACE OF DEATH

County Webster
Township Grant
City _____ (No. _____)

Registration District No. 996
Primary Registration District No. 6199

File No. _____
Registered No. 3 St. _____ Ward _____

2. FULL NAME Berulah May Nash

(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.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|--|---|----------------------------------|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> | | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 23-1934</u> | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | | | <u>4</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> | | | |
| | 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) <u>Webster County Mo.</u> | | | | |
| FATHER | 13. NAME <u>Ted Nash</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster Co. Mo.</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Alma Victoria Womack</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster Co. Mo.</u> | | | |
| 17. INFORMANT'S (ADDRESS) <u>Ted Nash R 3 Strafford Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pisgah</u> DATE <u>1/28</u> 19 <u>34</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Ted Nash 73 Strafford, Mo.</u> | | | | |
| 20. FILED <u>Jan 30</u> 19 <u>34</u> <u>Elizabeth Hallfill Registrar.</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1934
22. I HEREBY CERTIFY That I attended deceased from Jan. 23, 1934 to Jan. 28, 1934
I last saw her alive on Jan. 28, 1934 Death is said to have occurred on the date stated above, at 3:30 am.
The principal cause of death and related causes of importance were as follows:

Unknown
(Pulmonary Buth Injury)

Other contributory causes of importance:
1600 / 1600

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 _____
(Signed) R. H. Frost M.D. M.D.
(Address) Strafford Mo.

WRITE PAINFULLY 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.

REC 27 1934

