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.

APR 25 1934

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

Do not use this space.

8964

File No. 1160

Registered No.

1. PLACE OF DEATH
County JACKSON
Township RAW
City KANSAS CITY (No. 11- EAST 53RD ST. TERR. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME WILLIAM MARTIN VAN NATTA

(a) Residence, No. 11- EAST- 53RD ST. TERR Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. ELIZABETH VAN NATTA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY JULY-21-1853

7. AGE: YEARS 80 MONTHS 07 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WHEELWRIGHT & CARPENTER
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) 1914
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DARBYVILLE OHIO

FATHER

13. NAME JACOB VAN NATTA
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WHEELING WEST VIRGINIA

MOTHER

15. MAIDEN NAME UNNOWN SHAWHAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COLUMBUS OHIO

17. INFORMANT MRS. JOHN W. DUVALL
(ADDRESS) 11- EAST- 53RD ST. TERR.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE MAR- 14 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST- 9TH ST.

20. FILED Mch 13, 1934 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1934, to March 12, 1934

I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 11:30 Am.

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

	Date of onset
Cerebral hemorrhage	2/21/34
795	
794	
795	

Other contributory causes of importance:
Cirrhosis Nephrosis
Chronic nephritis

Name of operation: Autopsy Date of
What test confirmed diagnosis? 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

(Signed) Jesse V. Bell, M. D.
(Address) 1132 Professional Bldg

1132 Professional Bldg.
1-4