

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

Do not use this space.

472

85

23359

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No. 85
Primary Registration District No. 39011 #2

File No. 23359
Registered No. 866
St. St. Joseph Ward 2

2. FULL NAME

(a) Residence, No. Dr McCowan Nash St. Kansas City Mo Ward. 1

(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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maudie E. Nash</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 21, 1874</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAY <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grading Contractor</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>Iowa Ambrose</u>		
FATHER	13. NAME <u>Alfred Nash</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Downs, Kansas</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Downs, Kansas</u>	
17. INFORMANT (ADDRESS) <u>Records, State Hosp #2 St Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HC Mo</u> DATE <u>7-24</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Walter T. Howe</u>		
20. FILED <u>7-24</u> 19 <u>34</u> <u>John H. Bradley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934

22. I HEREBY CERTIFY, that I attended deceased from April 28, 1934 to July 23, 1934
I last saw him alive on July 23, 1934. Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:
Central Hemorrhage July 23, 1934
Arteriosclerosis died April 23, 1934

Other contributory causes of importance:
5291

Name of operation..... 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) Dr Clifton Smith
(Address) State Hospital #2 St Joseph 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.

AUG 14 1934

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