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.

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

Do not use this space.

File No. 28236

Registered No. 19

1. PLACE OF DEATH

County: Barry — Registration District No.: 34

Township: Liberty — Primary Registration District No.: 5050

City: ~~R. F. D.~~ (No. ..... St. ..... Ward)

2. FULL NAME Nathan Robert England

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

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	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 Sara K. England

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/8/81

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	6	16	

OCCUPATION

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

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) unknown Ohio

FATHER

13. NAME Isaac England

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

MOTHER

15. MAIDEN NAME Durr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

17. INFORMANT (ADDRESS) Mrs. Sara K. England Wayne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE 8-26-1934

19. UNDERTAKER (ADDRESS) Koon Funeral Home Cassville, Mo.

20. FILED 8-26-1934 Mrs. H. P. Searcy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24/1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Date of death, 19XX

I last saw him alive on Aug 24, 19XX. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Gallstone ileus
resulting from Gall Bladder
& Sinus. Had General anesthesia
on Aug. 24 & very severe
Heart Prostration

Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed) W. T. Gardner, M. D.

(Address) Cassville, Mo.