

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

Do not use this space.

MAY 31 1935

13590

1. PLACE OF DEATH

County Marion Registration District No. 549
Township Union Primary Registration District No. 5742
City (No.) St. Ward

File No. 45
Registered No.

2. FULL NAME

John H. Nall
(a) Residence No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Elizabeth Nall
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-10-1863
7. AGE YEARS 72 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 2 P. m.

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

Cerebral apoplexy Date of onset

OCCUPATION 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. Retired Merchant
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

Sensitivity
Prostatic enlargement

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

MOTHER 13. NAME Lloyd E. Nall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.

15. MAIDEN NAME Mary Ann Roby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT Mrs. Mary E. Nall
(ADDRESS) Philadelphia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia Cemetery 4-B, 1935

19. UNDERTAKER B. M. Allen
(ADDRESS) Philadelphia Missouri

20. FILED Apr 6 1935 Mrs. L. F. Tipton
Registrar.

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? N.O.

If so, specify.....

(Signed) Dr. C. B. Shriver, D.D. M.D.
(Address) Philadelphia, Mo.

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.

