

SEP 2 1 1935

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

Do not use this space.

26393

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township FrankPrimary Registration District No. 1002City St. Louis (No. 2843)Troost Ave.File No. 26393Registered No. 26393

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Charles Nelson Nylton(a) Residence, No. 3601 Troost 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary J. Nylton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 29 1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

68 8 6

OCCUPATION

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

Retired sheet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

metal worker

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)

Kansas

FATHER

13. NAME

Emory M. Nylton

MOTHER

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

Virginia

15. MAIDEN NAME

Amanda Davis

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

Tenn

17. INFORMANT

(ADDRESS) Oliver P. Berger3601 Troost Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn, K.C. DATE Aug 7 1935

19. UNDERTAKER

(ADDRESS) Mrs. C. L. Foster418 Broadway Ave.

20. FILED

8/7 1935 M. M. Brown

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Aug 5 1935

22. I HEREBY CERTIFY That I attended deceased from

Aug 3 1935 to Aug 5 1935I last saw him alive on Aug 7 1935 Death is saidto have occurred on the date stated above, at 7:20 AM

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

Carcinoma of head Date of onset \_\_\_\_\_of pancreas withgeneralized metastasis

Other contributory causes of importance \_\_\_\_\_

Name of operation

Exploratory Date of July 19 1935

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) J. B. Grams, M. D.(Address) 304 E 12 St.

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.

argyle bldg

Vic 3244

Jack B. Brann

now to 3:00