DEC 18

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

Do not use this space.

35878

1. PLACE OF DEATH
County: Henry
Township: [illegible]
City: Field Creek (No. ..., ..., St. ..., Ward)

Registration District No. 34 7 3 1 9 0
Primary Registration District No. 5501A

File No.
Registered No.

2. FULL NAME: Clarence Nesbitt

(a) Residence, No. Clinton, Mo 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 25 1869

7. AGE: Years 66 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ky

FATHER
13. NAME: Joseph A Nesbitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ky

MOTHER
15. MAIDEN NAME: Margaret Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ky

17. INFORMANT (ADDRESS): Walter Nesbitt Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clinton Mo DATE: 11/9 1935

19. UNDERTAKER (ADDRESS): Consolun Bell Clinton Mo

20. FILED: 11-9 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to Nov 7 1935
I last saw h. alive on November 10 1935. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
	years duration
Angina Pectoris	

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) S W Wolfe, M. D.
(Address) Clinton 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.

Wolfe