N. B.—Every item of information must be given, or a reason for its omission. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

772

1. PLACE OF DEATH FEB 18 1936

County Dent — Registration District No. 266

Township Springcreek — Primary Registration District No. ~~[illegible]~~ 5370

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 87

2. FULL NAME Loui Dolph Nash

(a) Residence, No. ..... 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: Male

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alna Fern Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25 1903

7. AGE: Years 32 — Months 1 — Days 24 — 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:

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

FATHER

13. NAME: Art Nash

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

MOTHER

15. MAIDEN NAME: Elizabeth McCall

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

17. INFORMANT (ADDRESS): Art Nash Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Cem DATE: 1/22/36 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED Jan. 20 1936 W. E. Reid M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/19/36 19

22. I HEREBY CERTIFY That I attended deceased from Jan. 12 1936 to Jan. 19 1936

Last saw h. alive on Jan. 19 1936 Death is said to have occurred on the date stated above, at 11:55 m P M

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

	Date of onset
Cardiac failure	1/19/36
Right lower lobe pneumonia	1/13/36
with pleurisy	
Left lower lobe pneumonia	1/10/36
pleurisy	

Other contributory causes of importance:

Toxic nephritis	1/14/36

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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) Jas. H. McCarty, M. D.

(Address) Salem Mo.