MAY 21 1936

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

Do not use this space.

37 3 15028

1. PLACE OF DEATH
County Iron
Township Kaolin
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 5-7-5-9
Primary Registration District No. 3-5-2-9

File No. .....
Registered No. 11

2. FULL NAME Zella Mae 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 Female
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 Kelly Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1902

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 34 | 3 | 15 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Monterey Mo

FATHER
13. NAME Charley E. Jaycox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey Mo

MOTHER
15. MAIDEN NAME Rosy Fitzgerelld
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleview Mo

17. INFORMANT (ADDRESS) Mrs Charls Jaycox,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monterey Mo DATE April 18, 1936

19. UNDERTAKER (ADDRESS) S.E. Bond Ironton Mo

20. FILED 4-27, 1936 Mrs W. A. Townsend Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1936, to April 17, 1936
I last saw her alive on April 17, 1936 Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Catarrhal Pneumonia — Date of onset

107a

Other contributory causes of importance:

Name of operation ..... Date of .....
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) E. L. Barnhouse, M. D.
(Address) Ironton Mo

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.

100M-11-24-33