JUN 23 1936

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

Do not use this space.

19848

1. PLACE OF DEATH
County Jefferson
Township Meramec
City
Registration District No. 475
Primary Registration District No. 5588
(No. St Josephs Hill Infy St. Ward)
File No. 10
Registered No. 98

2. FULL NAME Michael Joseph Nash
(a) Residence, No. St Joseph Hill Infy St., Ward. R-7 D.3 Eureka, Mo.
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Emma ~~Widowed~~ maiden name unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 1855

7. AGE Clear

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Cincinnati, Ohio

FATHER
13. NAME James Nash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Mary Driscoll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Margaret Nash 2929 Park av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 26, 1936

19. UNDERTAKER (ADDRESS) Fitzpatrick 3029 Lafayette av

20. FILED 5/26/36 James A Tomasini Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1936, to May 24, 1936
I last saw him alive on May 24, 1936. Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease (Chronic) 92a

Date of onset

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) Jesse S. Sargent, M. D.
(Address) Route 2 Eureka, 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.