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

OCT 20 1936

Do not use this space.

33755

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1227

City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Joseph Clarence Nesbitt,

(a) Residence, No. 2908 Sylvanie St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 Katherine Nesbitt,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29th. 1867

7. AGE: YEARS 68 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House,
10. Date deceased last worked at this occupation (month and year) September 1928
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess County, Missouri,

FATHER

13. NAME James Nesbitt,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

MOTHER

15. MAIDEN NAME Susan Elizabeth Doll,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess County, Missouri,

17. INFORMANT (ADDRESS) Mrs. Joseph C. Nesbitt 2908 Sylvanie Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Sept. 30th, 1936

19. UNDERTAKER (ADDRESS) Nestor - Br Gale & Bowman 319 So. 10th St. Funeral Home

20. FILED Sept 29, 1936 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1936, to Sept. 28, 1936
I last saw him alive on Sept. 27, 1936. Death is said to have occurred on the date stated above, at 2:58 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	8/31/36
131	
Other contributory causes of importance:	
Chr. Nephritis —	1934
Arterio Sclerosis —	

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. Sy. 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. G. Thompson, M. D.
(Address) 825 Charles St. Joseph, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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