

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.

NOV 26 1936

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 1stPrimary Registration District No. 1092City N. C. Mo(No. 2706-E, 17th St)File No. 37619Registered No. 4469St. Mo Ward2. FULL NAME Louise Nail(a) Residence, No. 2706 - East 17th St St. Mo Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-23/18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 11 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Peter Dailey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Maria16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT H. E. Armstrong(ADDRESS) 2706 East 17th St18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood - Crematorium DATE Oct 7 - 3619. UNDERTAKER Mrs. E. L. Farster(ADDRESS) 418 Broadway, Avenue20. FILED Dec 7 1936 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-5-193622. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to Oct 5, 1936.I last saw him alive on Oct 5, 1936. Death is said to have occurred on the date stated above, at 4:00 PM.

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

Myocarditis (Rheumatic) Date of onset Jan 1936Other contributory causes of importance: So

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) C. J. Cornick, M. D.(Address) 2602 East 15th St Warren City Mo

Dr. W. H. ...
2500 ...

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