

JAN 19 1937

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

Do not use this space.

44808

1. PLACE OF DEATH
County Jackson Registration District No. 299
Township Raw Primary Registration District No. _____
City Kansas City mo (No. St. Joseph's Hospital) St. _____ Ward _____

2. FULL NAME Mr. John M. Nash
(a) Residence, No. North Kansas City R.F. # 6 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Hester Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>68</u>	<u>10</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Carpenter work

10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paradise Ill

FATHER

13. NAME Ambrose J Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Nancy C Sexton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Mrs. John Hart
(ADDRESS) North Kansas City mo R.F. # 6

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Ill Zion Hill Cemetery DATE Dec 14 1936

19. UNDERTAKER Jesse Harey
(ADDRESS) Small Springs mo

20. FILED Dec 14 1936 Th. M. Crown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1936 to 12/11, 1936
I last saw him alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 10:55 p.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Crisis
Chf. Heart Failure
Post-operative Shock
Suppurative Heart Disease
Arterio-sclerosis
Other contributory causes of importance:
W
W
Name of physician Superintendent Date of Dec 10
What best 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? _____
If so, specify _____
(Signed) E. J. Liddy, M. D.
(Address) St. Joseph's Hosp.

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.

