JAN 26 1937

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

Do not use this space.

47190

File No.

Registered No. 459

1. PLACE OF DEATH

County St Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City Jefferson Barracks (No. U.S.V. Hosp., Jefferson Barracks St. Mo Ward)

2. FULL NAME Elzie Nesbit

(a) Residence, No. 1406-A Kansas St. ~~Kansas~~ Ward. E. St. Louis, Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~WIFE OF~~: Esther Nesbit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29, 1888

7. AGE: Years 48 — Months 4 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Nov. 2, 1936

11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntington Tenn

FATHER

13. NAME: Belvie Nesbit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Mollie Mayburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Esther Nesbit (widow) 1406A Kans ave.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Nat. Cem. Jeff. Barr. DATE: Dec 10 1936

19. UNDERTAKER (ADDRESS): C. T. Nash 111 N 13th St. E. St. Louis

20. FILED: Dec 7 1936 — G. Mowery, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936, to Dec 5, 1936

I last saw him alive on Dec 5, 1936. Death is said to have occurred on the date stated above, at 3:40 P.m.

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

	Date of onset
Chr nephritis	

Other contributory causes of importance: Cardiac hypertrophy and dilatation

Name of operation: none — Date of:

What test confirmed diagnosis? a.u.t.o.p.s.y. 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) Charles W Hughes, M. D.

(Address) Jefferson Barracks 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.