

APR 27 1937

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

Do not use this space.

13264

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 775

File No. _____

Township LearyPrimary Registration District No. 6.020-ARegistered No. 29City Bonne Terre, Mo (No. _____)

St. _____ Ward _____

2. FULL NAME Glenwood Nash(a) Residence, No. Bonne Terre, Mo, Ward _____

(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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Missouri13. NAME George Francis Nash14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell, Missouri15. MAIDEN NAME Mamie Polittle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell, Missouri17. INFORMANT (ADDRESS) George S. Nash, Bonne Terre, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blackwell, Mo DATE March 6, 193719. UNDERTAKER (ADDRESS) Genham Fuel Co, Bonne Terre, Mo20. FILED March 6, 1937 N. W. Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937 to March 5, 1937I last saw him alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Prematurity151

Other contributory causes of importance:

None

Date of onset

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) A. J. Curran M. D.(Address) Bonne Terre, 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.

