

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

Do not use this space.

15329

MAY 15 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. General Hospital) St. Ward

2. FULL NAME Edgar Nash
 (a) Residence, No. 4732 Liberty St., 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nettie Nash</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9, 1864</u>		
7. AGE <u>37</u>	YEARS <u>72</u>	MONTHS <u>11</u>
		DAYS <u>10</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) <u>Minnesota</u>		
FATHER	13. NAME <u>Andrew Nash</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Cynthia Knowles</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>	
	17. INFORMANT <u>Mrs. Nettie Nash</u> (ADDRESS) <u>4732 Liberty</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>Apr. 21</u> , 19 <u>37</u>	
	19. UNDERTAKER <u>R. V. Lindsey & Sons</u> (ADDRESS) <u>3811 Broadway</u>	
	20. FILED <u>Apr 20</u> , 19 <u>37</u> <u>M. M. Cronan</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19
 I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 8:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of right femur
Bronchopneumonia
2:10 P.M.
 Other contributory causes of importance:
W
964

Name of operation Autopsy Date of
 What test confirmed diagnosis Autopsy 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 Apr 13 1937
 Where did injury occur Loch Balmain, Kelso
 (Specify city or town, county, and State)
 Specify whether injury occurred in street in home, or in public place.

Manner of injury struck by motor car
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) , M. D.
 (Address)

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.

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