

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Rock
City Marysville Mo (No. _____) St. _____ Ward _____

Registration District No. 625
Primary Registration District No. 3081

File No. 17121
Registered No. 47

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Carie G Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1864

7. AGE YEARS 73 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. minister

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) Michigan13. NAME Russel Nash14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State15. MAIDEN NAME Mercie Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State17. INFORMANT Mrs Carie G Nash (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 4-24-3719. UNDERTAKER Campbell Funeral Home (ADDRESS) Marysville Mo20. FILED Apr 23 1937 Marysville E. Clardy Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 193722. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1937, to April 23, 1937.

I last saw him alive on April 23, 1937. Death is said to have occurred on the date stated above, at 10:30 A. m.

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

General arteriosclerosis with chronic myocarditis Date of onset _____

Other contributory causes of importance: AS

Name of operation _____ Date of _____

What test confirmed diagnosis? exam only Was there an autopsy? no

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) F. A. Bloomer, M. D.(Address) Marysville Mo

Exact statement of OCCUPATION is very important.

