

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JUN 18 1937

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ColeRegistration District No. 213Township JeffersonPrimary Registration District No. 3014City Jefferson(No. St. Marys Hospital)File No. 19831Registered No. 168

St. _____

Ward _____

2. FULL NAME Luther Oliver Nye(a) Residence, No. Eugene, Mo. 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2nd, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6188

OCCUPATION

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

Doctor M.D. 1

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)

Iowa,

FATHER

13. NAME Peter Nye

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

Iowa.

MOTHER

15. MAIDEN NAME Anna Carter

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

No Record17. INFORMANT Mrs. J. O. Nye(ADDRESS) Eugene, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Eugene Mo DATE 5/12/1937

19. UNDERTAKER

(ADDRESS) G. W. Steffens
Russellville Mo20. FILED 5/11/1937

19. 37

Sub Registrar

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th, 193722. I HEREBY CERTIFY, that I attended deceased from January 1 1937 to May 10 1937I last saw him alive on May 9 1937. Death is said to have occurred on the date stated above, at 6-40 A.M.

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

Date of onset

Cardio-Renal Disease

Other contributory causes of importance:

Myocardial Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Trust Building, M. D.(Address) Jefferson City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
FEB 10 1964

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