

NOV 18 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Luke's Hospital) St. _____ Ward _____

File No. 36880
Registered No. 4209

2. FULL NAME Mrs Bessie May Nail

(a) Residence, No. 1101 1/2 East 8th St. 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 Female 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 Robert M. Nail

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1888

7. AGE YEARS 49 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Fall River, Kans. (STATE OR COUNTRY)

13. NAME David Gladwell

14. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Amy Burr

16. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) West Virginia

17. INFORMANT Robert M. Nail (ADDRESS) 1101 1/2 East 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem. DATE Oct 27, '37

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 West Linwood

20. FILED Oct 26 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1927 to Oct 25, 1937.

I last saw him alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 8: P.m.

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

Carcinoma uterus & general carcinomatous
48

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of Sept 1937

What test confirmed diagnosis? Lubantony 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) Edwin Belmont M. D.

(Address) 1032 Prof Blvd

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.

OCCUPATION 35
MOTHER 2
FATHER 2
MOTHER 2

C. W. Stone
Prot Bq.