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.

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

Do not use this space.

2836

1. PLACE OF DEATH

39 County GREENE — Registration District No. 316 — File No. 69

Township N. Campbell — Primary Registration District No. 5439 — Registered No.

City SPRINGFIELD (No. Greene County T.B. Hospital St. Ward)

2. FULL NAME William T. Nagle 240

(a) Residence, No. 636 N. Main St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	6	0	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed retired pensioned soldier

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) Taney County Missouri. 0

FATHER

13. NAME Louis Nagel 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 6

MOTHER

15. MAIDEN NAME Sourwine UK

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

17. INFORMANT (ADDRESS) O. L. Nagel Taneyville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taneyville, Mo. DATE Jan. 24, 1938

19. UNDERTAKER (ADDRESS) H. H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED Jan 24, 1938 Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1938, to Jan 22, 1938

I last saw him alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

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

Pulmonary Tuberculosis — Date of onset 1925

23

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab + Clinical 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) R. S. Russell, M. D.

(Address) Springfield Mo

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FEB 24 1938
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