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.

DEC'D MAR 14 1938

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

Do not use this space.

11

1. PLACE OF DEATH

County Buchanan County 2 1 Registration District No. 80 File No. 6053

Township Platte Primary Registration District No. 5121 Registered No.

City (No. , St. Ward)

2. FULL NAME William. EmmettNash 2.00

(a) Residence, No. 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: 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 Peachie Mae Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-93

7. AGE: YEARS 44 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Clinton CO MO 0

FATHER

13. NAME Albert Nash 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan CO Mo. 1

MOTHER

15. MAIDEN NAME Minerva McDemird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Co Ill

17. INFORMANT (ADDRESS) Albert Nash Gower Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron Cem. DATE 2-16-38, 19

19. UNDERTAKER (ADDRESS) Rollins Mortuary Edgerton Mo.

20. FILED Feb. 15 1938 Mrs Lucy Powell Registrar. 80

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to Feb 14, 1938

I last saw him alive on Feb. 14, 1938 Death is said to have occurred on the date stated above, at 4:35 P.m.

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

	Date of onset
Pneumonia, Lobar	Feb 11-38
39 B	

Other contributory causes of importance:

Acute Infectious Hepatitis	Feb 2-38
Acute Toxic Nephritis	Feb 5-38

Name of operation None Date of

What test confirmed diagnosis? Clin. Sympt. 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) W B Spalding, M. D.

(Address) Plattsburg Mo