

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County ChristianRegistration District No. 184Township FinleyPrimary Registration District No. 5255City Quail, Mo. (No.)

St. Ward

2. FULL NAME

(a) Residence, No. Henderson Park 200 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. 7 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)

single

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

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

November 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

85✓✓

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

retired farmer

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

private

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)

Missouri

13. NAME

George Nash

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

Tennessee

15. MAIDEN NAME

Elizabeth Adams

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

Missouri

17. INFORMANT (ADDRESS)

Ernest Nash, Fordland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Linden DATE DEC. 31 1937

19. UNDERTAKER (ADDRESS)

W. Lee Kessler, Grant, Mo.

20. FILED

Jan 30, 1938 Louella Leonard Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec. 29 1937

I HEREBY CERTIFY, That I attended deceased from

June 20 1934, to Dec. 29 1937I last saw him alive on Dec. 18 1937 Death is saidto have occurred on the date stated above, at 1:00 p.m.

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

Chronic Interstitial Nephritis131

Other contributory causes of importance:

none

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) H. J. Wise M. D.(Address) Paris, Mo.

OCCUPATION

MOTHER FATHER

MOTHER FATHER

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.

