

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.

RECD APR 23 1938

9892

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. 3422 Penn) St.          Ward         

File No.           
Registered No. 1357

2. FULL NAME Mrs. Nellie C. Nash 200

(a) Residence, No. 4231 Holmes 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 2 21

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

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) K. C. Mo.

FATHER 13. NAME John Egan  
Cuba, N.Y.

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

MOTHER 15. MAIDEN NAME Bridget Lyndon  
Ireland

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

17. INFORMANT Thos. F. Nash  
(ADDRESS) 4231 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 3/30/38

19. UNDERTAKER Sheehan Funeral Home  
(ADDRESS) 4316 Troost

20. FILED Feb 29, 1938 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Mar. 27 1938

I last saw her alive on Mar. 27 1938. Death is said to have occurred on the date stated above, at 12/10 pm

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

Carcinoma of breast  
(adenocarcinoma)  
50

Other contributory causes of importance:  
Metastatic carcinoma  
of lungs with bilateral  
hydrothorax

Name of operation          Date of           
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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?  
If so, specify           
(Signed) Creed S. W. Welch, M. D.  
(Address) 919 Riata Bldg

