REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township
City Carl Junction (No. , St. Ward)

Registration District No. 406
Primary Registration District No. 4240

File No. 22088
Registered No.

2. FULL NAME Luncinda Nash
(a) Residence, No. 201 Walnut 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 J. S. Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
75	5	6	

OCCUPATION
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) (STATE OR COUNTRY) UNKNOWN

FATHER
13. NAME John Reddick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME Lisa Ann Paulie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT J. S. Nash
(ADDRESS) 201 Walnut Carl Junction

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Cem. DATE June 4 1938

19. UNDERTAKER Ward Funeral Home
(ADDRESS) Pittsburg Kansas

20. FILED June 3 1938 Cecil Conery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/ 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/2/38 to 5/26/38
I last saw h... alive on 5/26/38 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
Chr. Nephritis	?
Hypertension	?

Name of operation None Date of
What test confirmed diagnosis? 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) Freemin H. Bobell, M. D.
(Address) 7 Miss Bldg. Joplin, Mo.