

LEAD OCT 7 1930

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

32618  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
 (b) Township Millard Primary Registration District No. 15623 Registered No. 113  
 (c) City Millard (d) Street No. Missouri State San St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 5 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen Nash

(a) Residence, No. R. 11, Springfield, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Dec 17, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
18 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Dec, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

FATHER 13. NAME Millard Nash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co, Missouri

MOTHER 15. MAIDEN NAME Mary Jane Nash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co, Missouri

17. INFORMANT (ADDRESS) Eme. Michael, Head Clerk Missouri State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Sept. 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. S. Holmes Springfield, Mo.

20. FILED Sept 16, 1938 F. S. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1938

22. I HEREBY CERTIFY, That, I attended deceased from Mar 25, 1937, to Sept 15, 1938

I last saw h. or alive on Sept 15, 1938 Death is said to have occurred on the date stated above, at 7:05 P.M.

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

Pulmonary Tuberculosis Date of onset Mar, 1937

Other contributory causes of importance:

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

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) [Signature] M. D.  
 (Address) State San, Int. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-88-234

Date Filed 10/5/38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**