

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

34711
Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Jean Primary Registration District No. 1002

(c) City K. G. Mo. (d) Street No. General Hospital #2 Registered No. 4047

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Nesbitt

(a) Residence, No. 578 Pleasant 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-3-1880

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

57 10 13

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

FATHER

13. NAME Ed Nesbitt

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

MOTHER

15. MAIDEN NAME Louisa White

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cem. DATE 10-18-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) First Application

20. FILED Oct 17 1938 M. M. Crane Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1938, to 10-16, 1938

I last saw him alive on 10-16, 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Cancer of Rectum

Date of onset

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?.....

If so, specify

(Signed) J. O. Turner, M. D.

(Address) General Hospital #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. *2710*

P. O. Address.....

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

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