

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.

30 1938

DECEASED JAN 6 1938

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

Do not use this space.

44542

1. PLACE OF DEATH
 County St. Louis, Mo. Registration District No. 784
 Township Carondelet County Primary Registration District No. 200
 City Rock Hospital (No.) Rock Stop St. Ward
 2. FULL NAME George Nash
 (a) Residence, No. 1146 N. Leonard 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. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 2137

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Caucasian
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Ellis (deceased)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-98
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 5 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foundry Worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Foundry
 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) Okolona Miss
 13. NAME William Nash
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okolona Miss
 15. MAIDEN NAME Ada Mayfield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okolona Miss
 17. INFORMANT Rock Hospital Records (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12-31-38
 19. UNDERTAKER Mary Wade (ADDRESS) 4204 Higgins Ave
 20. FILED DEC 30 1938 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-38, 19
 22. I HEREBY CERTIFY, That I attended deceased from 4-12-38, 19 , to 12-25-38, 19 .
 I last saw h. in. alive on 12-25-38, 19 . Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tic.
 Date of onset 1937
 Other contributory causes of importance:
Larynx, Tuberculosis Intestine, Tuberculosis
 Name of operation Date of
 What test confirmed diagnosis? Sputum 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) J. J. Glawe, M. D.
 (Address) Robert Koch Hospital

This is to certify that
Mohammed Bodey of
George Wash. 12-26-
at Koch Hospital
J. Watson ^{MD} 26.98