

REC'D APR 13 1939

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

11948  
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696  
(b) Township May Primary Registration District No. 5928 Registered No. 9  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
207 William Riley Nash

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Eliza Ann Walford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1860

7. AGE YEARS 78 MONTHS 5 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. retired  
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) Platte Co. Mo.

FATHER 13. NAME Joseph A. Nash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

MOTHER 15. MAIDEN NAME Elizabeth Myers

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

17. INFORMANT: Mrs. W. R. Nash  
(ADDRESS) Perleiman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaman Creek DATE 3-19-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Pollock  
Platte Co. Mo.

20. FILED 3/28 1939 Mrs. Francis E. Murray  
Bay Missouri T. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Mar. 15, 1939  
I last saw him alive on March 15, 1939. Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:

Uremia  
Hypertensive Heart Disease  
Chronic Nephritis  
Other contributory causes of importance: 1/2  
arteriosclerosis  
senility  
myocardial degeneration

Date of onset  
3/12/39  
2/10/39  
2/18/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1939  
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) Esther J. Taylor, M. D.  
(Address) Platte City, Mo.

627 (Address) \_\_\_\_\_  
Licensed Embalmer's Statement on Reverse Side)

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.

RECORDED  
Transmitted with Officer No. 11,  
Member No. 39-339  
APR 1

**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, .....

*L. F. Pellino*, or by .....

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

Signed *L. F. Pellino* .....

Licensed Embalmer No. *1306* .....

P. O. Address *Platte City, Mo.* .....

**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.**