

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

Do not use this space.

24423

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City (No. Research Street)  
 Registered No. 22110 St. 10th Ward

**2. FULL NAME**

Charles P. - Nellist  
 (a) Residence No. 7411 Summit St. 8 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 | 4 | 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Auditor  
 (b) General nature of industry, business, or establishment in which employed (or employer) A.P. Nichols  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brookfield  
 (STATE OR COUNTRY) Mo.

**PARENTS**

10. NAME OF FATHER Jas. A. Nellist

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Butterfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michigan  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Alice Mary Wells  
 (Address) 7411 Summit

15. FILED 8/17, 1927 27 M. M. Crowe  
 REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1927, to Aug. 16, 1927, that I last saw him alive on Aug. 16, 1927, and that death occurred, on the date stated above, at 6 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of esophagus  
4442  
 (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no. DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) W. Chambers, M.D.

(Address) 800 Riato Bldg  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brookfield, Mo DATE OF BURIAL 8-19 1927

20. UNDERTAKER A.H. Newcomer ADDRESS San Antonio

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.

800 Rialto Bldg.

M. 0618.

11/10/10 10:30