

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

Do not use this space.

19399

2392

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township Raw Primary Registration District No. _____

City Kansas City (No. St. Luke's Hospital St. _____ Ward)

File No. _____

Registered No. _____

2. FULL NAME

Francis E. Nettleton

(a) Residence No. 4319 Campbell St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 9 28

8. OCCUPATION OF DECEASED Civil Engineer

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Edwin D. Nettleton

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

12. MAIDEN NAME OF MOTHER Maria Stanton

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

14. INFORMANT Howard Talbot (Address) 2317 W. Rosedale St.

15. FILED 6/7/30 19 6/7/30 REGISTRAR M. McCreary

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/4/30, 1930 to 6/6/30, 1930, that I last saw him alive on 6-6-30, 1930, and that death occurred, on the date stated above, at 7: A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy,

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Antonie Schram's hypertension (duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____ Name _____

AND AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TESTS CONFIRMED DIAGNOSIS _____

(Signed) J. H. Talbot, M. D.

6/6 19 30 (Address) 1500 Professional

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL 6/7 1930

20. UNDERTAKER Grerman Mortuary ADDRESS _____

109 St. 42

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.

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