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

Do not use this space.

7927

1. PLACE OF DEATH

31 County DAVIES — Registration District No. 250 — File No.

2 Township — Primary Registration District No. 4150 — Registered No. 642

City GALLATIN (No. ..... St. ..... Ward)

2 **2. FULL NAME** CHARLES HENERY NATION

(a) Residence. No. Gallatin, Mo St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 26 1932

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 PEARL NATION

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-15-'81

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER 1
(b) General nature of industry, business, or establishment in ~~which employed~~ (or employer) FARMING 0
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DAVIES County
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER ISAAC NATION
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) UNKNOWN
12. MAIDEN NAME OF MOTHER ISABELL McGEE
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GALLATIN
(STATE OR COUNTRY) Missouri 1

14. INFORMANT Mrs Chas Nation
(Address) Gallatin, Mo

15. FILED 3/19, 1932 P. L. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1932, to Mar. 18, 1932 that I last saw b. — alive on Mar 18, 1932, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? — (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. A. Smith, M. D
3/18, 1932 (Address) Gallatin Mo

*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: Brown Cemetery Gallatin Mo.
DATE OF BURIAL: March 20 1932

20. UNDERTAKER: Raymond A Davis #3424
ADDRESS: Gallatin Mo.

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.