

APR 25 1936

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

Do not use this space.

13594

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. St. Mary's Hospital)

Registration District No. 1170
Primary Registration District No. 62484

File No. _____
Registered No. 88 (Ward) _____

2. FULL NAME

Hugh Nisbet

(a) Residence, No. 4940 Lindenwood St., _____ Ward. _____

(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 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 Alice Walker Nisbet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Scotland

FATHER 13. NAME Hugh Nisbet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Annie Malcolm

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

17. INFORMANT Mrs Alice Walker Nisbet
(ADDRESS) 4940 Lindenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 3-28 1936

19. UNDERTAKER Southern Undertaking Co.
(ADDRESS) 6339 Grand

20. FILED 3/27 1936 Gertrude Porter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2 1936, to March 26 1936

I last saw him alive on March 26 1936 Death is said

to have occurred on the date stated above, at 6:20 P.

The principal cause of death and related causes of importance were as follows:

Myelogenous leukemia

Date of onset 2

Other contributory causes of importance:
Sec. Anemia
City prestatic pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence, fall 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? _____
If so, specify _____

(Signed) R. Cornuette, M. D.
(Address) 3720 Washington

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.

Dr. Norton

370 Washington
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P. J. Norton

Registrar - Richmond Hotel
St. Francis Hotel
Mrs. Porter - 1401 Woodlawn Dr.