

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.

MAY 14 1936

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

Do not use this space.

20293

1. PLACE OF DEATH

County Pettis
Township La Monte
City La Monte (No.)

Registration District No. 667
Primary Registration District No. 1091

File No.
Registered No.
St. Ward

2. FULL NAME Rachel Nass

(a) Residence, No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Nass</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 - 1869</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>May 1933</u>			
				11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unionville Ohio</u>				
FATHER	13. NAME <u>John Kennedy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West of Knoxville</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Nixon</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West of Knoxville</u>			
17. INFORMANT <u>Earl G. Hilebruit</u> (ADDRESS) <u>La Monte</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Monte</u> DAY <u>May 10</u> 19 <u>36</u>				
19. UNDERTAKER <u>W. B. Westbrook</u> (ADDRESS) <u>Houstonia Mo</u>				
20. FILED <u>5-9</u> 19 <u>36</u> <u>H. F. Casner</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1936
22. I HEREBY CERTIFY That I attended deceased from Jan 10 1934, to May 8 1936
I last saw her alive on May 6 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Usual 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 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 no
(Signed) W. B. Walker M. D.
(Address) La Monte Mo

