

DEC 20 1936

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

Do not use this space.

41155

## 1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4334  
Township Kaw Primary Registration District No. 1002 Registered No. 4334  
City Kansas City (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary A Nash

(a) Residence, No. 2521 Cypress St. \_\_\_\_\_ 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 Female 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 John E. Nash Dis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 18 10

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. none

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) Iowa Co Iowa13. NAME Hugh Francis Grad14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Katherine Duffy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE 11-4-36 19.19. UNDERTAKER (ADDRESS) Hellody-McGilley Kansas City, Mo.20. FILED Nov 3 10 AM M. Crowe 19 \_\_\_\_\_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/36 19 \_\_\_\_\_

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above at \_\_\_\_\_ m.

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

Fracture of left femur  
Bronchopneumonia

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date \_\_\_\_\_

What was confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause of violence, fill in details of injury: \_\_\_\_\_

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? 2521 Cypress (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Fall at home

Nature of injury \_\_\_\_\_

24. Was disease or injury \_\_\_\_\_ was related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.(Address) [Signature]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

