

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

Do not use this space.

19718

JUN 17 1937

1. PLACE OF DEATH  
17 County Carroll  
Township Trutter  
City..... (No.....)

Registration District No. 135  
Primary Registration District No. 51923

File No.....  
Registered No. 38  
St..... Ward.....

2. FULL NAME Susan Nashan  
(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 79 yrs. 11 mos. 18 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 Charles Nashan Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1858

7. AGE YEARS MONTHS Days IF LESS than 1 day, hrs. or min.  
79 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

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

Date deceased last worked at this occupation (month and year) May 2 - 1937 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County

13. NAME Phillip Stark

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

15. MAIDEN NAME Margaret

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

17. INFORMANT Mrs. Leo Renszelman  
(ADDRESS) Northside mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Beaty's DATE May 4 - 1937

19. UNDERTAKER John Spetch  
(ADDRESS) Northside mo

20. FILED 53 1937 Suth Nashan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1937

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

I last saw h..... alive 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:

Accidently Drowned

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury May 2 1937

Where did injury occur? on lawn (Specify city or town, county, and State)

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

In garden near own house

Manner of injury.....

Nature of injury found face down in small ditch (which was full of water)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Ed Deckeron Coroner

(Signed) Bojard mo

(Address) Bojard mo

CAUSE OF DEATH in plain terms, so that the information should be classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

