

1580 JUL 18 1939

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

22639
Do not use this space.

1. PLACE OF DEATH ²

(a) County Madison Registration District No. 538

(b) Township Caster Primary Registration District No. 5727 Registered No. 41

(c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME EDWARD NASH

(a) Residence, No. Madison Co. St. (If nonresident, give city or town and State)

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 Grace Nash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 0 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1939 to June 2, 1939

I last saw him alive on June 2, 1939 Death is said to have occurred on the date stated above, at 11X m.

The principal cause of death and related causes of importance were as follows:
Bright's disease

Other contributory causes of importance:
Intestinal obstruction

Date of autopsy 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo

FATHER 13. NAME William Nash 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo

MOTHER 15. MAIDEN NAME Emma Line 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Edward Nash (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Clanahan Cemetery June 4, 1939

19. FUNERAL DIRECTOR William B O'Connor (ADDRESS) Fredericktown Mo

20. FILED June 4, 1939 S. C. Slaught (Address) Locki Registrar

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?..... 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? The
If so, specify Thoracic Cancer (Signed) Fredericktown Mo M. D.

Pay 2.00, (Licensed Embalmer's Statement on Reverse Side)

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.

RECORD WITH ORIGINALS IN THIS IS A PERMANENT RECORD

1 X1264

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)