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

Do not use this space.

File No. 41358
Registered No. 94

1. PLACE OF DEATH
94 County St Francois — Registration District No. 775
Township Terry — Primary Registration District No. 6010
City Bonne Terre Mo (No. ..... St. ..... Ward)

2. FULL NAME Stonewall J Nash

(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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~
HUSBAND OF ~~OR WIFE OF~~ Mary Nash

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farm Work 2
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Francois Co
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Dave Nash
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown 31
12. MAIDEN NAME OF MOTHER Lula Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Vladine Nash
(Address) Bonne Terre Mo

15. FILED 12/30 19 37 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1937

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 11.5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound in left side of head by his own hands. Coronas Verdict
(duration) ..... yrs. ..... mos. ..... ds.
Suicide occurred in own home.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 167 (5)
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Rolla Cozean Coroner, M. D
Dec 29, 1937 (Address) Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Adams Cemetery	Dec 31 1937
20. UNDERTAKER	ADDRESS
Benham Hrd Co	Bonne Terre Mo

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.