

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County <u>Clay</u>			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 22519 22019	
Township _____ or Village _____ or City <u>Excelsior Springs Mo</u> (NO. _____) St.; _____ Ward _____			Registration District No. <u>198</u>	File No. _____
FULL NAME <u>John F. Nelson</u>			Primary Registration District No. <u>3011</u>	Registered No. <u>85</u>
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	MARRIED <u>married</u> SINGLE WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>July 16</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>September 24</u> , 18 <u>88</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>June 22</u> , 191 <u>2</u> , to <u>July 16</u> , 191 <u>2</u> , that I last saw him alive on <u>July 16</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Apoplexy</u>	
AGE <u>73</u> yrs. <u>9</u> mos. <u>22</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			Contributory <u>Chronic Bright's disease</u> (SECONDARY) (Duration) <u>13</u> yrs. ____ mos. ____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Signed) <u>Henry E. Nelson</u> M. D. <u>7/17</u> 191 <u>2</u> (Address) <u>Excelsior Springs Mo</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Surdan</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Peter Nelson</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>3</u> yrs. ____ mos. ____ ds. In the <u>3</u> yrs. ____ mos. ____ ds. Where was disease contracted if not at place of death? _____ Former or usual residence <u>Neb</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Surdan</u>		PLACE OF BURIAL OR REMOVAL <u>Oakland Nebraska</u>	
	MAIDEN NAME OF MOTHER <u>Cannot tell</u>		DATE OF BURIAL <u>Can't tell</u> 191 <u>2</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Surdan</u>		UNDERTAKER <u>Cracter & Major</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Henry E. Nelson</u> (ADDRESS) <u>Excelsior Springs Mo</u>			ADDRESS <u>Exc Spgs</u>	
Filed <u>July 19</u> , 191 <u>2</u> . <u>F. Lightfoot</u> REGISTRAR				

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County

Clay

Township

or

Village

or

City

Excelsior Springs

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No.

198

File No.

22519

Primary Registration District No.

3011

Registered No.

85

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

John F. Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

DATE OF BIRTH

Sept. 24, 1838
(Month) (Day) (Year)

AGE

73 yrs. 9 mos. 22 ds.

IF LESS than 1 day, hrs. or min.

OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer & retired

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Sweden

PARENTS

NAME OF FATHER

Peter Nelson

BIRTHPLACE OF FATHER (City or town, State or foreign country)

Sweden

MAIDEN NAME OF MOTHER

Cannot tell

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

Sweden

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

John C. Prathe

Excelsior Springs

Filed

Nov. 7, 1912

JUL

T. W. Bogart

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

June 22, 1912, to July 16, 1912

that I last saw him alive on July 16, 1912

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. ds.

Contributory Chronic Bright disease (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Hugo E. Nelson M. D.

7/17, 1912 (Address) Excelsior Springs

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Oakland Neb.

DATE OF BURIAL

Can't tell 1912

UNDERTAKER

Prather Major

ADDRESS

Exc. Spgs.

Original file, date

19

All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)