

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

Do not use this space.
17596

1. PLACE OF DEATH

County Buchanan
Towship _____
City St. Joseph, (No. 826 North 11th.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 634
St. _____ Ward _____

2. FULL NAME Cora K. Nelson,

(a) Residence. No. 826 North 11th. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 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) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>2</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Albion,
(STATE OR COUNTRY) Nebraska,

PARENTS

10. NAME OF FATHER William J. Nelson,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canton,
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Kate Kahler,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canton,
(STATE OR COUNTRY) Ohio.

14. INFORMANT Harry J. Nelson
(Address) 826 North 11th. Street.

15. FILED 20 19 1927
John G. Gutz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1927

17. I HEREBY CERTIFY, That I attended deceased from June 11th 1927, to June 19 1927 that I last saw him alive on 6-19-27 and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of right ovary and intestines

CONTRIBUTORY (SECONDARY) 46 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED St Joseph Mo
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? NO. DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) F. G. Shoup, M.D.

June 20, 1927 (Address) 825 Charles

*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 Mount Mora Cemetery DATE OF BURIAL June 21 1927

20. UNDERTAKER Heaton - BeGole and Co ADDRESS 19 S. 10th. St
by J. G. Gutz

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.

JUL 25 1927

JUN 20 1927

