

AUG 16 1927

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

Do not use this space.

21177

1. PLACE OF DEATH

County Greene Registration District No. 318Township Springfield Primary Registration District No. 2001City Springfield (No. 876 N. Jefferson) Registered No. H62 St. Ward

2. FULL NAME

(a) Residence. No. 876 N. Jefferson 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

✓

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

May 25 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76129

8. OCCUPATION OF DECEASED

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

House work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Samuel D. Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Mildred Sherman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

PARENTS

14. INFORMANT

(Address)

Ben Seaman
Springfield, Mo

15. FILED

19

7/25 27 Oct 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from July, 1926, to July, 1927, that I last saw him alive on July 22, 1927, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis5999(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Diabetes mellitus(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

H. B. Gemmon

M. D.

7/25 1927 (Address)

SPRINGFIELD, 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

Galena Mo.July 26 1927

20. UNDERTAKER

ADDRESS

H. Klingner & Co. 214 E. Conil
Springfield, 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.

