

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

Do not use this space.

28991

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City, **St. Louis** (No. **1200**) **Franklin** St. Wd.

File No. ....  
Registered No. **8574**  
St. Wd.

**2. FULL NAME**

**George Nelson**  
(a) Residence. No. **1309 Franklin W.** St., **25** Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>About 1880</b>		
7. AGE YEARS <b>About 47</b>	MONTHS	DAYS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Not known</b> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Found dead Sept 25 1927**  
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 ..... **12:30 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Asphyxiation due to fuel gas poisoning**  
(duration) ..... yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) **Weather accidental or intentional Not determined**  
(duration) ..... yrs. .... mos. .... da.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **St. Louis**

**10. NAME OF FATHER**

**James Nelson**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **St. Louis**

**12. MAIDEN NAME OF MOTHER**

**Marguerite Nelson**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Boston Mass.**

**14.**

INFORMANT **James Nelson**  
(Address) **3950 C. Kinnerly Av**

**15.**

FILED **SEP 26 1927**  
Man & Danoff

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **P. S. Vitt** M. D.  
**9/26 1927** (Address) **Coron**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine Cem** DATE OF BURIAL **9-27 1927**  
20. UNDERTAKER **Melbink** ADDRESS **1371 Frankl**

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.

