1926

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

Do not use this space.

32919

File No. .....
Registered No. 51

1. PLACE OF DEATH
County: Cape Gir
Township: Whitewater
City: Millersville (No. ....., ... St. ..... Ward)
Registration District No. 124
Primary Registration District No. 5183

2. FULL NAME: Frederick Lewis Nelson

(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.

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. THIS IS A PERMANENT RECORD

N 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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): April 1 - 1918

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
9	7	1	

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

9. BIRTHPLACE (CITY OR TOWN): Newark
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Fred L. Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Newark
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Whitbread
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Newark
(STATE OR COUNTRY): Mo

14. INFORMANT: Fred L. Nelson
(Address): Millersville Mo

15. FILED: 11-7, 1927 D. G. Sachs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-2, 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1927, to Nov. 2, 1927, that I last saw h. in alive on Nov. 2, 1927, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tetanus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)* none

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gracey Hardell, M. D.

11-4, 1927 (Address) Millersville 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: Snider Cemetery
DATE OF BURIAL: Nov. 5 1927

20. UNDERTAKER: Cracroft & Miller
ADDRESS: Jackson Mo