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

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15713 15444

File No. 4678
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis Mo (No. St Anthonys Hosp St. Ward)
Registration District No. 791
Primary Registration District No. 7003

2. FULL NAME Mack Nelson

(a) Residence. No. Ferryville Mo St., 16 Ward. Ferryville Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eunice Nelson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-9-1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	11	19	

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

9. BIRTHPLACE (CITY OR TOWN) Ferryville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER James Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Henrietta Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo

14. INFORMANT Eunice Nelson
(Address) Ferryville Mo

15. FILED APR 30 1928, 19 Mat C. Ottarbelly
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28. 1928.

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1928, to April 28, 1928, that I last saw h. alive on April 28, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
12 hr
1 day (duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Ruptured appendix (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ferryville, Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4/10/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Clinical findings
(Signed) C. H. Wolter, M. D.
4/28, 1928 (Address) 3608 S. Grand Blvd.

*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 Ferryville Via McBride | DATE OF BURIAL 4-29-1928
20. UNDERTAKER Peetz Bros. | ADDRESS 3029 Lafayette

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.