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

Do not use this space.

36087

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 100 — Registered No. 1762
City St. Joseph, (No. Mercy Hospital St. Ward)

2. FULL NAME Henry F. Nelson,
(a) Residence. No. St., Ward. Gower, Missouri,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 14, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	10	22	

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): Unknown,
(STATE OR COUNTRY): Kentucky,

PARENTS
10. NAME OF FATHER: J. C. Nelson,
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Kentucky,
12. MAIDEN NAME OF MOTHER: Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Unknown,

14. INFORMANT: H. A. Gullins
(Address): Gower, Missouri.

15. FILED NOV 8, 1928, 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 6, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1928, to Nov 6, 1928, that I last saw him alive on Nov 6, 1928, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyonephritis & Pyelitis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Lab & Physical
(Signed) F. P. Walker, M.D.
Nov 6, 1928 (Address) Mercy Hospital

*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: Gower, Missouri, via auto
DATE OF BURIAL: Nov. 8, 1928

20. UNDERTAKER: Heaton B. Gole & Bowman
ADDRESS: 319 S. 10 St.

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.

PERMANENT RECORD

[redacted]

[redacted]

[redacted]