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

Do not use this space.

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39

1. PLACE OF DEATH
County Andrew — Registration District No. 13 — File No. 3
Township — Primary Registration District No. 4010 — Registered No.
City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME Anna C. 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. 1 mos. 6 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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed, |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1866

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 8 | 2 | |

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) Anderson, INdiana
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Samuel Clark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dublin, Ireland,
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, Ireland,
(STATE OR COUNTRY)

14. INFORMANT Robert C. Nelson
(Address) 6212 S. Fairfield Ave Chicago Ill

15. FILED Jany 5, 1929 C. O. Jefferies Mo
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1929, to Jan 4, 1929 that I last saw her alive on Jan 4, 1929, and that death occurred, on the date stated above, at 1:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
107A
106A (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) acute Bronchitis
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory
(Signed) E. Metheny, M.D.
1/4, 1929 (Address) Savannah, 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 |
|---|---|
| Chicago, Illinois, | Jan. 7, 1929 |
| **20. UNDERTAKER** | **ADDRESS** |
| Frank A Bowman | Savannah, Mo. |