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.

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

Do not use this space.

40995

File No. 5404

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 002

City Kansas City (No. Evangelical Hospital St. Ward)

2. FULL NAME William J. Nelson

(a) Residence. No. 423 West 10th St. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	51	9	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Freight Handler

(b) General nature of industry, business, or establishment in which employed (or employer) Wabash Railroad Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harlam, Mo.

PARENTS

10. NAME OF FATHER Jacob Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Mary Mubus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

14. INFORMANT Mrs. Nettie Rachu
(Address) 26 W 59 St.

15. FILED 12/31, 1929 M M Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1929, to Dec 28, 1929 that I last saw him alive on Dec 30, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
92A
117B Hemorrhage
116C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastric Ulcer
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl A Jackson, M. D.

1231, 1929 (Address) 513 Connecticut Bldg

*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
Woodlawn Cemetery K. C. Ks.	Jan. 2 1930

20. UNDERTAKER R. V. Lindsey & Sons, Inc — ADDRESS Kans City Mo