

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

Do not use this space.

43096

**1. PLACE OF DEATH**

County Jackson Registration District No. 802 File No. \_\_\_\_\_  
 Township East Bend Primary Registration District No. 480 Registered No. 29  
 City East George (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas Cranville 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 54 yrs. mos. 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Nelson

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>4</u>	<u>2</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Cooper Co Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER John B. Nelson

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

12. MAIDEN NAME OF MOTHER Elizabeth Hitch

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

14. INFORMANT Frank Nelson  
 (Address) West Springs Mo

15. Dec 28 1929 J. H. Colwell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 to Dec 27, 1929, and that I last saw h. alive on Dec 27, 1929, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
of Infectious Origin  
131  
506 (duration) 5 yrs. - 2 mo. - 2 da.  
 CONTRIBUTORY (SECONDARY) Infectious Eczema (duration) 2 yrs. - 2 mo. - 2 da.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & P.C.  
 (Signed) Coras W. Parras M. D.  
Dec 28, 1929 (Address) West Springs 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 Fairview Cemetery DATE OF BURIAL Dec 29 1929

20. UNDERTAKER Reister ADDRESS West Springs Mo

WRITE PLAINLY, WITH UNFAING INK--THIS IS A VITAL RECORD. PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

CONFIDENTIAL

CONFIDENTIAL

SECRET