

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

Do not use this space.

9733

1. PLACE OF DEATH

County Monroe
Township Lebanon
City Portaquille (No.)

Registration District No. 114
Primary Registration District No. 5869

File No. 2
Registered No. 8
St. Ward)

2. FULL NAME

Beatrice May 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. 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)

Female White Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Robert Nelson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-13-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 10 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Piddle Point
(STATE OR COUNTRY) MO

10. NAME OF FATHER James Morrison

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

12. MAIDEN NAME OF MOTHER Adeline Javers

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

14. INFORMANT (Address) Asst. Siron
Portaquille MO

15. FILED 47 19 30 Ch Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12-29

17. I HEREBY CERTIFY, That I attended deceased from 11/2/29 to 3/12, 1929, that I last saw her alive on 3/12, 1929, and that death occurred, on the date stated above, at 10:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
46 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Ross, M. D.

, 19 (Address)

*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

Portaquille, Missouri DATE OF BURIAL 3/13 1930

20. UNDERTAKER

W. M. Payne ADDRESS Portaquille, MO

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.

MAY 27 1930

