

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

Do not use this space.

12774

1. PLACE OF DEATH **JACKSON** Registration District No. **399**
 County..... Primary Registration District No. **1002**
 Township **Kaw** Primary Registration District No. **1002**
 City **Kansas City** (No. **Misspx 3216 East 10th St.**) St. **Mo.** Ward **1703**

2. FULL NAME **Miss Daisy Nellons**
 (a) Residence. No. **3216 East 10th Street**, **12** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 7, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 3 10

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) **Sedalia, Mo.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Jerry Nellons**

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

12. MAIDEN NAME OF MOTHER **Susan Burke**

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

14. INFORMANT **Mrs. Nora Dunn**
 (Address) **3216 E 10 Street**

15. FILED **4/8 30 M.M. Caswell**
 19 **30** REGISTRAR **Aror**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 18, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Deputy Coroner**
 19..... to..... 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
930

(duration)..... yrs..... mos..... ds.
 CONTRIBUTORY **Chronic Interstitial**
 (SECONDARY) **Nephritis** (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED **1290**
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **Yes**
 WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**
 (Signed) **Stanley M. Ziegler**, M. D.

4/15/1930 (Address) **Deputy Coroner**
 *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 **Sedalia, Mo.** DATE OF BURIAL **April 21 1930**

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

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.

