

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

Do not use this space.

32884

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo

Registration District No. 399

Primary Registration District No.

File No. 4111

Registered No. 4111

(No. 7122 Wabersed Ave. St. 3 Ward)

2. FULL NAME

Emelia M. Nelson
(a) Residence. No. 2909 Grand St. Ward. 3
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 27

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) (STATE OR COUNTRY) Sweden

10. NAME OF FATHER Mrs Anderson

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Ernest F. Nelson
(Address) 2913 Grand Ave.

15. FILED 10/9/30 M M-Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-9-1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930, to Oct 9, 1930, that I last saw her alive on Oct 9th, 1930, and that death occurred, on the date stated above, at 12⁰⁰ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobar
10⁰⁰ (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) H. G. Potter, M. D.

10-7-1930 (Address) Professional 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 Forest Hill Cemetery DATE OF BURIAL 10/10/1930

20. UNDERTAKER Freeman Mortuary, K. C. Mo ADDRESS

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.

L. G. Potter
Professional Bldg.
1103 Grand