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

Do not use this space.

13077

File No.
Registered No. 7

1. PLACE OF DEATH
County ANDREW
Township PLATTE
City (No. St. Ward)
Registration District No. 15
Primary Registration District No. 5 9

2. FULL NAME LULU ALTA NELSON
(a) Residence. No. St., Ward. REA, MO.
(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.

MAY 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	24	

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

9. BIRTHPLACE (CITY OR TOWN) WHITESVILLE
(STATE OR COUNTRY) MO.

PARENTS
10. NAME OF FATHER ALBERT R. HOWARD
11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHITESVILLE
(STATE OR COUNTRY) MO.
12. MAIDEN NAME OF MOTHER Honor SHEPHERD
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) ILL.

14. INFORMANT Joe L. Nelson
(Address) Rea Mo

15. FILED 4/11/31 E. Jeffers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) APRIL 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1930 to April 10, 1931, that I last saw h. alive on April 10, 1931, and that death occurred, on the date stated above, at 7:25 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of rectum
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) O. P. Wilson M. D.
, 19 (Address) Rosendale 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 WHITESVILLE CEMETERY
DATE OF BURIAL 4/12/31

20. UNDERTAKER O. P. Wilson
ADDRESS King City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.