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

Do not use this space.

22639

1. PLACE OF DEATH 96
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 148
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nelse 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)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 12 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	2	7	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

PARENTS
10. NAME OF FATHER Nelse Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Norway
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Norway

14. INFORMANT Chas. G. Olsen
(Address)

15. FILED 6/19 1931 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from June 16th, 1931, to June 19th, 1931, that I last saw h. no alive on June 19th, 1931, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 B
99
..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
..... (duration) 1 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? Clinical

(Signed) M. Dalton, M. D.
, 19 (Address) Fenton 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 St Pauls Cemetery Fenton Mo — DATE OF BURIAL June 21 1931

20. UNDERTAKER John G Koch — ADDRESS Fenton 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.

AUG 29 1931