

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

Do not use this space.

25893

1. PLACE OF DEATH
 County Phelps Registration District No. 678
 Township St James Primary Registration District No. 4404
 City St James (No.) St. Ward

2. FULL NAME Neomi Caroline 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 5 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 (widow)
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-4-1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 7-15-1931 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo
 13. NAME Margan Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Kathern Adams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Ruth C. F. St James Mo
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Adams Cem DATE 7-26 1931
 19. UNDERTAKER W. H. Kiehlner
 (ADDRESS) St James Mo
 20. FILED 7-25 1931 Herry D. Walters Registrar. (Address) St James Mo

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24 1931
 22. I HEREBY CERTIFY, That I attended deceased from July 15 1931, to July 24 1931.
 I last saw him alive on July 24 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset 7-15-31
followed by complete Hemiplegia (Right Side)
 Other contributory causes of importance:
HTA
800 gha
 23. Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. H. Kiehlner M. D.
 (Address) St James 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.

29 1931

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