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.

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

Do not use this space.

26893

File No.
Registered No. 8095

1. PLACE OF DEATH

County
Registration District No. 701
Township
Primary Registration District No.
City St. Louis. (No. City Hospital #1 St. Ward)

2. FULL NAME James H Nelson.

(a) Residence, No. 3853 A Ashland Ave., 10 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1902

7. AGE: Years 28 Months 11 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

FATHER
13. NAME Andrew Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Den Mark

MOTHER
15. MAIDEN NAME Winifred Holloran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary Alice Nelson 3853 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE July 24 1931

19. UNDERTAKER (ADDRESS) Wagner Und Co 3622 Ashland

20. FILED JUL 22 1931 Ruby C Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Injuries	
Fractured skull	
Cerebral Hemorrhage	
Pneumonia	
Fell from an escalator in garage	

Other contributory causes of importance: Accidental

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-21, 1931
Where did injury occur? 4 & Morgan St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry
Manner of injury Fell down escalator
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Murphy, M. D.
(Address) St. Louis, Coroner