

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

Do not use this space.

28226

**1. PLACE OF DEATH**

County Jackson

Registration District No. \_\_\_\_\_

Township Franklin

Primary Registration District No. \_\_\_\_\_

City Wasson, Mo. (No. \_\_\_\_\_)

Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 3359

St. St. Joseph Hospital Ward \_\_\_\_\_

**2. FULL NAME**

Arthur Joseph Nelson

(a) Residence No. Wasson, Mo. St. X 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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

M Wh Married

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

Grace Nelson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov-9-1898

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

59 8 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Auto Dealer

(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)

Iowa

PARENTS

**10. NAME OF FATHER**

Swan Peter Nelson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Sweden

**12. MAIDEN NAME OF MOTHER**

Nancy Redman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland

**14. INFORMANT**

(Address)

Mrs. Lida Nelson  
Wasson, Mo.

**15. FILED**

8/4 31 M. M. Crowe  
ans REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Aug-3-1931

**17.**

I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Aug 3, 1931. That I last saw him alive on August 12, 1931, and that death occurred, on the date stated above, at 8:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1143  
10's Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY my disease probably from pain (SECONDARY)

by elevating the overpressure (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Wasson Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-1-31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

autopsy

(Signed) Harry H. Jones M. D.

8/3, 1931 (Address) Wasson, 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**

DATE OF BURIAL

Forest Hill Aug-5-1931

**20. UNDERTAKER**

ADDRESS

Mrs. C. L. Foster K.P. Mo.

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

