

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.
29639

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City, St. Louis (No. 3886 Harrison) St. 16 Ward 16

File No.
 Registered No. **8670**
 St. Ward)

2. FULL NAME

Harold Virginia Nelson
 (a) Residence, No. 3880 F. Andrew St. 16 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 11 - 1907</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>9</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Instructor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ray's Ground</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to August 9, 1931.
 I last saw her alive on August 9, 1931. Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Septicemia - Cause unknown Date of onset

Other contributory causes of importance:

Name of operation..... Date of operation.....
 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?..... 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 No
 (Signed) Mr. Nelson M. D.
 (Address) 1483 N. Union Blvd. City

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
	13. NAME <u>Hugh Nelson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Laura Haffernan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
17. INFORMANT (ADDRESS) <u>3886 Harrison</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>No crematory</u> DATE <u>8/12</u> , 19 <u>31</u>	
19. UNDERTAKER <u>Wachter, Helbert</u> (ADDRESS) <u>2331 S. 5th St.</u>	
20. FILED <u>AUG 11 1931</u> <u>M. C. Stanley</u> Registrar	

