

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

Do not use this space.

32761

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **St. Anthony's Hospital**)

File No.
Registered No. **9624**
St. Ward

2. FULL NAME

Clifton Wesley Nelson

(a) Residence, No. **6910 Eugene** St. **1** 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 **Bessie**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 6, 1884**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
47		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machinist**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Railway supply**
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) **Kentucky**

13. NAME **Wm. Nelson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Elisa Richardson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mrs. Bessie Nelson
6910 Eugene Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mayfield, Ky.** DATE **9-14-31.**

19. UNDERTAKER (ADDRESS) **Southern Und. Co.
632 2nd St. St. Louis**

20. FILED **1931** **19** **Max C. Stabler** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 12, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 10, 1931**, to **Sept 11, 1931**

I last saw him alive on **Sept 11, 1931**. Death is said to have occurred on the date stated above, at **12:50 a.m.**

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

a perforated duodenal ulcer with resulting peritonitis Date of onset **9/11/31**

Other contributory causes of importance

Name of operation **none** Date of

What test confirmed diagnosis? **Clinical** 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? **No**

If so, specify

(Signed) **G. M. Coffman**, M. D.
(Address) **6607 Va. Ave.**

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.

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