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.

34448

1. PLACE OF DEATH

County Jackson — Registration District No. 099

Township Kaw — Primary Registration District No. 0002

City Kansas City (No. St. Marys Hospital St. Ward)

File No.

Registered No. 4163

2. FULL NAME Hans P. Nelson

(a) Residence, No. Route #2, Box 22J St., X Ward. Merriam - Kansas
(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: Mrs. Marie Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 24-1862

7. AGE: YEARS 69 — MONTHS - — 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.: Car Inspector
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

FATHER

13. NAME: Nels Peter Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER

15. MAIDEN NAME: Christine Sorenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

17. INFORMANT (ADDRESS): Mrs. Marie Nelson, Rte.#2, Merriam, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct. 14, 1931

19. UNDERTAKER (ADDRESS): Gates Funeral Home K.C. Kans.

20. FILED 10/13, 1931 M. M. Crowe Assr Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12th-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1931, to 10-12, 1931
I last saw h— alive on 10-11, 1931. 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
coronary occlusion	10-12-31
1228	
930	
9439	

Other contributory causes of importance:

auricular fibrillation	10-6-31
myocarditis	?

Name of operation Herniotomy Date of 9-29-31
What test confirmed diagnosis? Clinical Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. Miller, M. D.
(Address) 814 Argyle

1 W. P. [illegible] Victor [illegible]
C[illegible]
2-5