

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.

FEB 25 1932

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

Do not use this space.

2074

1. PLACE OF DEATH

County Polk
Township Union
City Union

Registration District No. 716
Primary Registration District No. 5945

File No.
Registered No. 1
St. Ward)

2. FULL NAME

(a) Residence. No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
79 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana 2

10. NAME OF FATHER

William Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana 10

12. MAIDEN NAME OF MOTHER

Elizabeth Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana 2

14.

INFORMANT J. D. Nelson
(Address) Richland Mo

15.

FILED 1/16 32 J. J. Keel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1932

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw him alive on 19..... and that death occurred on the date stated above, at 1900 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder
518 (duration) 0 yrs. 10 mos. 0 da.
CONTRIBUTORY Unknown
(SECONDARY) 518 (duration) 0 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No DATE 7/10

WAS THERE AN AUTOPSY? No ①

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. Keel M. D.

1/16, 1932 (Address) Richland 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

Calvin Lewis Cemetery Jan 17 1932

20. UNDERTAKER

ADDRESS

E. Cooper & Son Richland Mo

