

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

Do not use this space.

8057

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township Springfield Primary Registration District No. 2001
 5 City Springfield (No. 8337 Nettleton St. 175 Ward)

2. FULL NAME Ester Virginia Nelson
 (a) Residence, No. 8337 Nettleton 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>79</u>	<u>6</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Ohio

13. NAME Edward J. McMillion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY

15. MAIDEN NAME Laura Halcombe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va.

17. INFORMANT Miss Paul Nelson
(ADDRESS) 8337 Nettleton

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Scott, Mo. DATE 3-4 1932

19. UNDERTAKER H. Schmechel
(ADDRESS) Springfield, Mo.

20. FILED 3 2 1932 For O'Neal
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1932, to 3/2 1932
 I last saw him alive on 2/2 1932 Death is said to have occurred on the date stated above, at 7 A m.
 The principal cause of death and related causes of importance were as follows:
Valvular Heart disease
92A
71B 92A
 Other contributory causes of importance: Anemia Secondary ①

23. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 (Signed) H. Fullbright M. D.
 (Address) Springfield, Mo.

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.

APR 26 1932

