

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

Do not use this space.

12756

**1. PLACE OF DEATH**

County Jackson Registration District No. 0002  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 4545 Rockhill Terrace) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1697  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Emma Nelson  
 (a) Residence, No. 4545 Rockhill Terrace St., 6 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 0 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 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) Sweden 24

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MAIDEN NAME Nick. storm

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Louise H. Nelson (ADDRESS) 1006 West 63rd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4-25 1932

19. UNDERTAKER Stewart McPherson (ADDRESS) 3235 Williams Plaza

20. FILED 4/23 1932 M. M. Cline Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mrs. I 18h. to Apr 23 1932

I last saw her alive on Apr 23 1932. Death is said

to have occurred on the date stated above, at A. m. 8:30

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

angina pectoris Date of onset

9/4/32  
9/4/32 940 940

Other contributory causes of importance: Coronary sclerosis

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) E. L. Miller, M. D.

(Address) 1032 Pershing

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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