

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.

14014

1. PLACE OF DEATH

County Registration District No. 75
Township Primary Registration District No. 75
City St. Louis (No. City Hospital #1)

File No.
Registered No. 3326 St. Ward)

2. FULL NAME Ruth Nelson

(a) Residence, No. 1747 North Ninth St. 26 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Albert Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 0 17

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. At Home 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME William Jackson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Albert Nelson (ADDRESS) 1747 North Ninth St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE April 5 19 32

19. UNDERTAKER A. M. McLaughlin (ADDRESS) 1631 Missouri Ave.

20. FILED 5-5-32 Ray C. Swaney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 19 32

22. I HEREBY CERTIFY, That I attended deceased from 10 Septicemia Attendant

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 10 p.m.

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

Septicemia following abortion
Whether criminal or self-induced could not be ascertained.
Other contributory causes of importance:
ascertained.

Name of operation 140 Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident 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 Septicemia
Nature of injury Abortion

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J. W. Kerner M.D.
(Signed) J. W. Kerner (Address) Dep. Coroner

