

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

Do not use this space.

15406

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. 2117 South 17th)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 532
St. Ward

2. FULL NAME

Tennette G. Nelson

(a) Residence, No. 2117 South 17th St., Ward.

(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 Lawrence Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 | 10 | 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 235 48

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) Louisville Kentucky

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Charles Garrison St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 2, 1932

19. UNDERTAKER (ADDRESS) Fleming Funeral Home, St. Joseph, Missouri

20. FILED JUN 1 1932 John K. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to May 31, 1932. I last saw him alive on May 27, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri. Extension of Uterus and Pelvic nodes by extension 48
Date of onset Dec 1931

Other contributory causes of importance: Primary seat in the body of Uterus

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
If so, specify
(Signed) Goodson Wright M. D.
(Address) 845 Co. 19 St. Joseph, 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.

JUN 21 1932

