

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

Do not use this space.

16620

38

1. PLACE OF DEATH

54 County Lafayette Registration District No. 461
Township Humboldt Primary Registration District No. 3623
City Lafayette (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	39	9	9	

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

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) Lafayette Co, Mo

13. NAME John Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Mo

15. MAIDEN NAME Jessie Turck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co, Mo

17. INFORMANT (ADDRESS) John E. Nelson

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette Mo DATE May 25, 1932

19. UNDERTAKER (ADDRESS) Orneal Light

20. FILED May 23, 1932 W. W. Friedendal Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to May 22, 1932

I last saw him alive on May 22, 1932 Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Chronic Nephritis Date of onset 1920
131

Other contributory causes of importance: Uremic Poisoning

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) F. H. Mangan, M. D.
(Address) Hellington, Mo

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.

23 1932

