

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

Do not use this space.

18477

1. PLACE OF DEATH

108 County Vernon
2 Township Center
7 City Nevada (No. 875)

Registration District No. 875
Primary Registration District No. 3039

File No. Hombach
Registered No. 127
St. _____ Ward _____

2. FULL NAME Harry Alonzo Nelson

(a) Residence, No. 311 E. Douglas St., _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred yrs. 35 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Nelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 - 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 - 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johnson Radiator Shop
10. Date deceased last worked at this occupation (month and year) May 28 - 32 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo. Gibson Co.

13. NAME Peter Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gillem Mo. Saline

15. MAIDEN NAME Hattie Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leopoldtown Pa. Pa.

17. INFORMANT (ADDRESS) Mrs. Harry Nelson Nevada, Mo.

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

19. UNDERTAKER (ADDRESS) Perry Bros

20. FILED 6-7-32 E. P. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-29-32, 1932, to 6-29-32, 1932

I last saw him alive on 6-29-32, 1932. Death is said to have occurred on the date stated above, at 6 P. m.

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

173
Homicide
Homicide - gun
shot wound

Other contributory causes of importance: (D)

Name of operation 173 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? Homicide Date of injury 5-29, 1932
Where did injury occur? Nevada Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (Gun shot)
Nature of injury (Homicide)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. V. Hombach, M. D.
(Address) Nevada 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.

