

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

Do not use this space.

25996

1. PLACE OF DEATH
 40 County Grundy Registration District No. 230
 4 Township Trenton Primary Registration District No. 2017
 7 City Trenton (No.) St. Ward) (No.) Ward)

2. FULL NAME Charles William Nelson
 (a) Residence, No. St. 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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Trenton 1
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME William Nelson

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

MOTHER
 15. MAIDEN NAME Mary Henry

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

17. INFORMANT William Nelson
 (ADDRESS) Trenton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Grove DATE August 25, 1932

19. UNDERTAKER Geo. C. Davis & Co. #3216
 (ADDRESS) Trenton, Missouri

20. FILED Aug 25 1932 E. A. Daffy
 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932 to Aug 25 1932
 I last saw him alive on July 30 1932 Death is said to have occurred on the date stated above, at 5⁰⁰ a. m.
 The principal cause of death and related causes of importance were as follows:

Ischemic heart disease
60 60 60
 Other contributory causes of importance:
Rickets

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 no
 Nature of injury no

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

(Signed) Wm. A. Ferson, M. D.
 (Address) 905 1/2 Main Trenton, 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.

SEP 22 1932

