

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

Do not use this space.

3 3095-a

1. PLACE OF DEATH

78 County Dunklin Registration District No. 651
 2 Township Little Prairie Primary Registration District No. 4388
 4 City Caruthersville, Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 177
 St. _____ Ward _____

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Mrs. Hattie Nelson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>4</u>
		DAYS
		<u>38</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal yard</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 1, 1932</u>	
	11. Total time (years) spent in this occupation. <u>30</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Sam Nelson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Emma Yates</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT <u>Mrs. Hattie Nelson</u> (ADDRESS) <u>Caruthersville, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Prairie, Mo</u> DATE <u>Oct 23, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>La. Hodge</u> <u>3707 W. 4th St.</u>		
20. FILED <u>Dec. 17, 1932</u> <u>Aida Motter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 - 5: PM 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-9- 1932, to 10-20- 1932

I last saw him alive on 10-20, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

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

Circulation Liver
ivd 3 / 12 / 10
 Date of onset

Other contributory causes of importance:

Name of operation no 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? 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify shower falling
 (Signed) Caruthersville, Mo M. D.
 (Address) Caruthersville, 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.

11 28 1932

Caruthersville

