

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

Do not use this space.

36130

1. PLACE OF DEATH

49 County Jason
Township Mineral
City Proctor Hospital (No.)

Registration District No. 413
Primary Registration District No. 549e

File No.
Registered No. 33
St. Ward)

2. FULL NAME

Charles J Nelson
(a) Residence. No. 7509 Lewis Beck Ward. Joplin
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 18 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner 16
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Clinton, Mo (STATE OR COUNTRY)

10. NAME OF FATHER W. J. Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo Tenn (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rebecca Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

14. INFORMANT Records (Address)

15. FILED Nov 7 1932 J. E. Weaver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1932
17. I HEREBY CERTIFY, That I attended deceased from May 20 1932 to Nov 7 1932 that I last saw him alive on Nov 7 1932, and that death occurred, on the date stated above, at 10 25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A Selbain
114A (duration) 2 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) of (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Wisconsin (1)
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Positive Sputum
(Signed) James E. Dancy M. D.
17 1932 (Address) West City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE OF BURIAL Nov. 9 1932

20. UNDERTAKER Lanpher Mortuary ADDRESS Joplin, 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.

JAN 0 1933

