

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

Do not use this space.

38067

1. PLACE OF DEATH

103
7
3

County Stoddard
Township Richland
City East (No. _____)

Registration District No. 839
Primary Registration District No. 45-10

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

Adrain Nelson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Del Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1859 2 10

7. AGE YEARS 73 MONTHS 9 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) 11/1/32 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

FATHER 13. NAME Geo. Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Mrs Del Nelson

18. BURIAL, CREMATION, OR REMOVAL PLACE 11/19/32 East Mo

19. UNDERTAKER (ADDRESS) 716 Davison

20. FILED 11/18/32 1932 J P Brandon Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-32

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1932, to 11-18, 1932

I last saw him alive on 11-16, 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:

Asthma

Date of onset

Other contributory causes of importance:

Acute Nephritis

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 _____, 1932

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) J P Brandon, M. D.

(Address) East 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.

JAN 5 1933

