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.

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

Do not use this space.

8893

File No. 54

Registered No.

Registration District No. 198

Primary Registration District No. 3011

24 2 4

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. U.S.Veterans Hospital St. 3rd Ward)

APR 24 1933

2. FULL NAME Nelson, Oswald F.

(a) Residence, No. U.S.Veterans Hospital St., Ward. 1449 Capital Avenue Des Moines, Iowa
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 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: SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5th 1885

7. AGE: Years 47 | Months 11 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME Andrew V. Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Augusta M. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Veterans Hospital Records
(ADDRESS) Excelsior Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Moines Ia. DATE 3-31-33 19

19. UNDERTAKER John C. Prather
(ADDRESS)

20. FILED 3/31 1933 G. D. Graves
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1933, to March 30th 1933
I last saw him alive on March 30th 1933. Death is said to have occurred on the date stated above, at 3:38 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute inflammatory appendicitis	
121 B 129 121	
Other contributory causes of importance: Acute localized peritonitis, shock	

Name of operation appendectomy laparatomy operation Date of 3-30-33
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? x 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
(Signed) Garrett V. Johnson, M. D.
(Address) Excelsior Springs, Mo.