

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 795
Township Grand Pass Primary Registration District No. 44-7-6
City (No.) St. Ward

File No. 18591
Registered No. _____

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>Florence Ellen Nelson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 - 1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>1</u>
	DAYS <u>9</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.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u>		
MOTHER (FATHER)	13. NAME <u>Sylvanus J. Nelson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edgar Co. Ill.</u>	
	15. MAIDEN NAME <u>Mary Sophia Coit</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Highland Co. Penn.</u>		
17. INFORMANT <u>E. J. Nelson</u> (ADDRESS) <u>Malla Bend Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Malla Bend Co. Mo</u> DATE <u>May 9 1933</u>		
19. UNDERTAKER <u>D. H. Campbell</u> (ADDRESS) <u>Marshall Mo.</u>		
20. FILED <u>5-8-</u> 19 <u>33</u> <u>Mrs. Mary Chapman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 7 1933
I last examined alive on May 7 1933. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
82A
82A
Date of onset 5-7-33

Other contributory causes of importance: _____

Name of operation _____ Date of _____
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? _____ 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? No
If so, specify _____
(Signed) A. A. Brown, M. D.
(Address) Malla Bend 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.

JUN 24 1933

