

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

31  
17 Do not use this space.  
14

**21392**

File No. \_\_\_\_\_  
Registered No. **5176** St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **708**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis Mo.** (No. **34 28 Walnut St.**)

**2. FULL NAME**

(a) Residence, No. **34 28 Walnut** St., **27** 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)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 17-1911**  
7. AGE YEARS **22** MONTHS **5** DAYS **27** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **housework**  
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) **Mosier Mo**

FATHER 13. NAME **James Nelson**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jeff Co Mo**

MOTHER 15. MAIDEN NAME **Elizabeth Jones**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Union Mo**

17. INFORMANT (ADDRESS) **James Nelson 34 28 Walnut St.**

18. BURIAL, CREATION, OR REMOVAL PLACE **J. H. Wilson** DATE **6-14** 19**33**

19. UNDERTAKER (ADDRESS) **W. S. Wade Undertaking Co. 4202 Taylor Ave.**

20. FILED **15 10 33** 19. **F. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10** 19**33**  
22. I HEREBY CERTIFY, That I attended deceased from **May 30th 1933** to **June 10th 1933**  
I last saw him alive on **June 10th 1933** Death is said to have occurred on the date stated above, at **3p** m.  
The principal cause of death and related causes of importance were as follows:

**Malarial fever**  
**38 38 10 3**  
Other contributory causes of importance: **Woods entered**

Name of operation **Surgery** Date of \_\_\_\_\_  
What test confirmed diagnosis? **St. Louis** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury **10**, 19\_\_\_\_  
Where did injury occur? **no** 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. H. Wilson**, M. D.  
(Address) **302 S. Jefferson**

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.

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