

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 2014

File No. 25880
Registered No. _____
St. _____ Ward _____

2. FULL NAME John A. Nelson

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July--29-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 --- 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sweden13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. J. A. Nelson
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION OR REMOVAL PLACE River View Cem DATE Aug-22-193519. UNDERTAKER Thos G Gordon
(ADDRESS) Jefferson City, Mo20. FILED J. P. [Signature] 1935 Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Aug 20, 1933.
I last saw him alive on Aug 20, 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Multiple hepatic abscesses
Portal thrombosis
Appendicitis

Other contributory causes of importance: _____
Name of operation Appendectomy Date of July 1933
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 _____, 1933

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. [Signature], M. D.
(Address) Jefferson City, 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.

SEP 26 1935

