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.

SEP 26 1933

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

Do not use this space.
26511

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3251
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 4027, Main St. St. Ward)

2. FULL NAME Enoch C. Nelson
(a) Residence, No. 4027 Main St. St., Ward. (If nonresident, give city or town and State)
(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.

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~~ Mrs. Ruth A. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27/1885

7. AGE — YEARS 47 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Beck Fish Co.
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) Welch Minnesota

FATHER
13. NAME F. C. Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Armanda Carlson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT Mrs. Ruth A. Nelson
(ADDRESS) 4027 Main St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Welch, Minn DATE 8/14/33, 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo

20. FILED 8-14 1933 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 '33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 9, 1932 to Aug 13, 1933
I last saw him alive on Aug 13, 1933. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 12-5-32
Following Chronic endocarditis - rheumatic

Other contributory causes of importance:

93C

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical 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) Frank B. Hiller, M. D.
(Address) 31 & Troost Kansas City Mo

Dr. Frank B. Hilder
Westover Bldg
3103 Frost