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.

85 35758

1. PLACE OF DEATH

County Buchannan Registration District No. 1001 File No.

Township Primary Registration District No. 1001 Registered No. 1[illegible]38

City St. Joseph, Mo. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME William A Nelson

(a) Residence, No. St. Ward. Stewartsville, Mo.
(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: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie D. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 20 1858

7. AGE: YEARS 75 MONTHS 1 DAYS 0 If LESS than 1 day, ...hrs. or ......min.

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): ~~Kentucky~~ Kentucky

FATHER

13. NAME: Frank Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Kentucky~~ Kentucky

MOTHER

15. MAIDEN NAME: Eliza Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Kentucky~~ Kentucky

17. INFORMANT: Mrs E. O. Davis
(ADDRESS): 2823 Felix St. St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stewartsville DATE Oct. 21 1933

19. UNDERTAKER: T. G. Lyons
(ADDRESS): Stewartsville, Mo

20. FILED NOV 20 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20- 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to Nov. 20 1933

I last saw h[illegible] alive on Nov. 19 1933 Death is said to have occurred on the date stated above, at 3 a.m.

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

Mitral Stenosis of Heart — 1925

92A
95B

Other contributory causes of importance:

Auricular Fibrillation — 1933

Decompensation of Heart — Nov. 1933

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ......, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) [illegible] M. D.

(Address) 825 Charles St. Joseph, Mo.