

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

Do not use this space.

38664

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **11053**  
City **St. Louis** (No. **Barnes Hospital**) St. .... Ward.....

File No.....  
Registered No. **10335**  
St. .... Ward.....

**2. FULL NAME** *Anna Marguerite Nelson*

(a) Residence, No. *1710 N. Broadway* St. *17* Ward. *Decatur, Illinois*  
(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) *Married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 13-1886*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*47 7 17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House Wife*  
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) *All*

13. NAME *James Shepard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *All*

15. MAIDEN NAME *Hanna Bouquin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *All*

17. INFORMANT *Wm. Nelson* (ADDRESS) *Decatur Ill*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Decatur Ill* DATE *12-13-33*

19. UNDERTAKER *Moran & Sons* (ADDRESS) *Decatur Ill*

20. FILED *REC - 1 1933* *J. H. Budeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 30, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 28, 1933, to Nov. 30, 1933*

I last saw h. ex. alive on *Nov 30, 1933*. Death is said to have occurred on the date stated above, at *6:10 p.m.*

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

*Brain Tumor (non-malignant) 87B 540*  
*acute cerebral compression*  
Date of onset *Oct 18 1933*  
Name of operation *none*  
What test confirmed diagnosis? *clinical findings* Was there an autopsy? *Ypd*

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?..... If so, specify.....

(Signed) *E. W. Moore* M. D.  
(Address) *Barnes Hospital*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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