

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

Do not use this space.

216

85

1. PLACE OF DEATH

County Lancaster

Registration District No. _____

Township _____

Primary Registration District No. 1001

City St. Joseph

(No. Mo Me Hospital)

File No. _____

Registered No. 29

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 2209 8010

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 4 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)

widowed

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

Harsena Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 11-1868

7. AGE

68 YEARS

MONTHS 6

DAYS 25

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Ry Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Burlington Ry.

10. Date deceased last worked at this occupation (month and year)

1928

11. Total time (years) spent in this occupation

24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Genevieve Indiana

FATHER

13. NAME

Unknown Allen

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

Unknown unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown unknown

17. INFORMANT (ADDRESS)

Vernon Allen St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph

DATE Jan. 9

1931

19. UNDERTAKER (ADDRESS)

Flaeman Mortuary, Inc. St. Joseph, Mo.

20. FILED

John N. Conder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 6, 1931

22. I HEREBY CERTIFY That I attended deceased from _____

Jan. 6, 1931, to _____, 19____

I last saw him alive on _____, 19____. 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:

Bronchial Pneumonia

Date of onset _____

Other contributory causes of importance

fractured femur, automobile accident

Name of operation Cast

Date of _____

What test confirmed diagnosis? X-ray

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? St. Joseph, Mo.

(Specify city or town, county, and State)

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

Manner of injury Public Place

Nature of injury fractured femur

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

If so, specify _____

(Signed) Joseph Thomas Coroner

(Address) 80 1/2 Kelly St.

