

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.

AUG 14 1934

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

Do not use this space.

4777

1. PLACE OF DEATH

County Dickinson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St Joseph Mo (Not St Joseph Mo #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 23385  
Registered No. 895

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Birmingham Mo  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1899</u>		
7. AGE <u>35</u>	YEARS <u>Unknown</u>	MONTHS <u>None</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS <u>None</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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 COUNTY) <u>St Joseph Mo</u>		
13. NAME <u>Thos N. Nelson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>M. O. Mo</u>		
15. MAIDEN NAME <u>Nellie Mc Gee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph City Mo</u>		
17. INFORMANT (ADDRESS) <u>Birmingham Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Birmingham Mo</u> DATE <u>7-29-34</u>		
19. UNDERTAKER (ADDRESS) <u>Birmingham Mo</u>		
20. FILED <u>7-29-34</u> <u>John H. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11 1934 to July 28 1934  
I last saw him alive on July 10 1934 Death is said to have occurred on the date stated above, at 10:00 AM.  
The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset 7-28-34

Other contributory causes of importance:  
Acute Appendicitis 7-25-34

Name of operation Appendicitis Date of 7-26-34  
What test confirmed diagnosis? Chem 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? \_\_\_\_\_ (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) J. H. Miller, M. D.  
(Address) St Joseph Mo

St Joseph Mo

