DEC 2 2 1934

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

Do not use this space.

41504

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 03 File No. Registered No. 387

City ~~Jefferson Barracks~~, Mo. Veterans Administration Facility. St. Ward)

2. FULL NAME Abner D. Nelson

(a) Residence, No. 6558 Joseph Street, Wellston, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | white | married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1876

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- 10

10. Date deceased last worked at this occupation (month and year) Abt. 1925 11. Total time (years) spent in this occupation abt. 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) Richmond, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Herbert Wm. Nelson

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

MOTHER

15. MAIDEN NAME Mathilda ?

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

17. INFORMANT C. H. SMITH, M.D. Clinical Director
(ADDRESS) Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE 11-5 1934

19. UNDERTAKER Geo. L. Pletsch Inc
(ADDRESS) 5966 Easton Ave

20. FILED 11-2 1934 B. F. Gate M.D.
Registrar.

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.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1934 to November 1, 1934

I last saw him alive on November 1, 1934 Death is said to have occurred on the date stated above, at 3:35 P.M.

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

| | Date of onset |
|---|---|
| Broncho-pneumonia | Unkn. |

Other contributory causes of importance:

| | |
|---|---|
| Pellegra | Unk. |

Name of operation None Date of --

What test confirmed diagnosis? Clinical, physical, laboratory findings. 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?

If so, specify

(Signed) W. C. GIBSON, M.D., Acting Chief Medical Officer

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.