

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.

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

Do not use this space.

JUN 25 1935

17147

**1. PLACE OF DEATH**

County Marion Registration District No. 548  
 Township Fabius Liberty Primary Registration District No. 5740  
 City Hayes (No. ....) St. .... Ward)

File No. ....  
 Registered No. 32

**2. FULL NAME**

John Stanley Bruce Nelson  
 (a) Residence No. .... St. .... Ward. ....  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1922  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
12 10 0  
 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. student  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1935  
 22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Accidentally shot by brother aged 10 yrs. [# 22 Rifle] in heart.  
 Other contributory causes of importance: 194  
 Date of onset 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa  
 13. NAME Carl Andrew Nelson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farrington, Iowa  
 15. MAIDEN NAME Wilhelmina Luicke  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West point, Iowa  
 17. INFORMANT Mrs. C. A. Nelson (ADDRESS) Hayes Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maywood, Mo. DATE June 2, 1935  
 19. UNDERTAKER C. H. Chamberlain (ADDRESS) Maywood, Mo.  
 20. FILED 6-1- 1935 Gertrude Lee Registrar.

Name of operation none Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury May 31, 1935  
 Where did injury occur? Marion Co., Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Farm (near home)  
 Manner of injury Shot while hunting in boat  
 Nature of injury in heart from rifle  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Carl E. Schwartz, M. D.  
 (Address) Hannibal, Mo.  
Canon, Marion Co., Mo.

