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.

JUL 22 1935

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

Do not use this space.

19439

1. PLACE OF DEATH Greene
County ..... Registration District No. 318 File No. .....
Township ..... Primary Registration District No. 209 Registered No. 183
City Springfield (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME John F. Nelson
(a) Residence, No. 1520 N. Boulevard 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Emma Nelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1863
7. AGE YEARS 71 MONTHS 10 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Shops
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) Sweden

FATHER
13. NAME Nils Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Emma Nelson Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn Cemetery DATE June 9, 1935
19. UNDERTAKER (ADDRESS) J. W. Kingsley Co. Springfield, Mo.
20. FILED 6-8-1935 R. W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6, 1935
22. I HEREBY CERTIFY, That I attended deceased from 5/30, 1935, to 6/6, 1935
I last saw him alive on 6/6, 1935. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	

Other contributory causes of importance:
Uremia from complete retention urine

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 No
(Signed) Wm. Wiles, M. D.
(Address) Med Arts Bldg Spfd