

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 20 1935

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

Do not use this space.

23995

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____)

Registration District No. 268
Primary Registration District No. 3032

File No. 226
Registered No. 649
St. _____ Ward _____

2. FULL NAME Gussie H. Nelson

(a) Residence, No. E Ham St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 5 5

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

13. NAME Ad Golden

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

15. MAIDEN NAME Daisy Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

17. INFORMANT Daisy Smith (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL
Placed Sedalia Mo. DATE 7-11-1935

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia

20. FILED 7-11-1935 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8-1935 to 7-9-1935

I last saw her alive on 7-9-1935 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Date of onset

Acute Tuberculosis

Other contributory causes of importance:

Nephritis (Paraneoplastic)

Name of operation _____ Date of _____

What test confirmed diagnosis? Fluorid 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) C. R. Madsen, M. D.
(Address) 116 S. W. Main

