

JAN 13 1936

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

Do not use this space.

41314
10531

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3928 Finney Ave.) St. Ward)

File No.....
Registered No.....

2. FULL NAME Georgia Nelson

(a) Residence, No. 3828 Finney Ave. St. 11 Ward.

(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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 56 0 3

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Minden (STATE OR COUNTRY) Louisiana

13. NAME Sam Richardson

14. BIRTHPLACE (CITY OR TOWN) Minden (STATE OR COUNTRY) Louisiana

15. MAIDEN NAME Mollie?

16. BIRTHPLACE (CITY OR TOWN) Minden (STATE OR COUNTRY) Louisiana

17. INFORMANT Oscar Nelson (ADDRESS) 3828 Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12/13/35, 19...

19. UNDERTAKER W. S. Wade Und. Co. (ADDRESS) 4308 Finney Ave.

20. FILED DEC 13 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1935, to 12/8, 1935. I last saw her alive on 12/8, 1935. Death is said to have occurred on the date stated above, at 6:25 p.m.

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

Myocarditis chronic Date of onset?

Other contributory causes of importance:

Hypertension

Name of operation Amputation 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?..... 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? No If so, specify.....

(Signed) Walter B. Payne, M. D. (Address) 4. V. Channing

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.

