

FEB 11 1933

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

Do not use this space.

791

3872

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. ....  
Township ..... Primary Registration District No. .... Registered No. 1148  
City St. Louis (No. Mo Baptist Hospital St. .... Ward)

2. FULL NAME Dales Nelson

(a) Residence, No. .... St. NP Ward. Desloge Mo  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. Stellar Nelson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-29-1867</u>		
7. AGE <u>68</u>	YEARS <u>5</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) (STATE OR COUNTRY) <u>Tenn</u>		
13. NAME <u>Joseph Nelson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Margaret Butler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Leona Wilson</u> (ADDRESS) <u>51514 Page</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Des Mo</u> DATE <u>2-2</u> 19 <u>33</u>		
19. UNDERTAKER <u>Albert H. Thappe Inc</u> (ADDRESS) <u>429 N. Euclid Ave</u>		
20. FILED <u>JAN 31 1933</u> <u>J. F. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1936, to Jan 30 1936.  
I last saw him alive on Jan 30 1936. Death is said to have occurred on the date stated above, at 3:25 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of right pulmonary & renal (R & M.)  
Primary seat unknown  
Other contributory causes of importance:  
53

Name of operation Bypass Date of 1-21-36  
What test confirmed diagnosis? Biopsy 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) J. Richard Muelo M. D.  
(Address) Page & Academy

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-3-22-35

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.

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

14. [Illegible text]

15. [Illegible text]

16. [Illegible text]

17. [Illegible text]

18. [Illegible text]

19. [Illegible text]

20. [Illegible text]

21. [Illegible text]

22. [Illegible text]

23. [Illegible text]

24. [Illegible text]

25. [Illegible text]

26. [Illegible text]

27. [Illegible text]

28. [Illegible text]

29. [Illegible text]

30. [Illegible text]

31. [Illegible text]

32. [Illegible text]

33. [Illegible text]

34. [Illegible text]

35. [Illegible text]

36. [Illegible text]

37. [Illegible text]

38. [Illegible text]

39. [Illegible text]

40. [Illegible text]

41. [Illegible text]

42. [Illegible text]

43. [Illegible text]