JUN 17 1936

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

Do not use this space.

File No. 18585
Registered No. 669

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 6304 Washington St. St. Ward)

2. FULL NAME William Nelson

(a) Residence, No. 6304 Washington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yards Co. St. Joseph Stock-

10. Date deceased last worked at this occupation (month and year) May, 1936.

11. Total time (years) spent in this occupation 30 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen, Denmark

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknwon Unknown

17. INFORMANT Mrs. Anna Nelson Mo.
(ADDRESS) 6304 Washington Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem.
PLACE St. Joseph, Mo. DATE May 7 1936

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED May 7, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1936. 19

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936 to May 5, 1936

I last saw him alive on May 5, 1936. Death is said to have occurred on the date stated above, at 1:00 P m.

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

	Date of onset
Apoplexy Cerebral	1936
Chr Nephritis	1930
Chr Hypertension	
Chr Arteriosclerosis Gen	

Other contributory causes of importance:

Name of operation — 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) [signature], M. D.

(Address) St. Joseph, Mo.

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.