

JUN 27 1936

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

Do not use this space.

19450

1. PLACE OF DEATH *Mersey Hospital*
 County *Jackson* Registration District No. *399*
 Township *Jackson* Primary Registration District No. *1002*
 City *Randa City, Mo.* (No. *Mersey Hospital*) St. *2406* (Ward)

2. FULL NAME *Blanche Nelson*
 (a) Residence, No. *325 S. Sprague* St., Ward. _____
 (Usual place of abode) *Independence mo.* (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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-28-25*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
11 0 12

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

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

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) *Independence mo.*

13. NAME *Blanche Nelson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield*

15. MAIDEN NAME *Myrtle Worthington*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo Missouri*

17. INFORMANT (ADDRESS) *Myrtle Nelson 325 S. Spring St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wood Hills* DATE *May 12 36*

19. UNDERTAKER *St. C. Carson* (ADDRESS) *Independence mo.*

20. FILED *May 12, 1936 M. M. Brown* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *May 7, 1936* to *May 10, 1936*
 I last saw her alive on *5/10, 1936*. Death is said to have occurred on the date stated above, at *3:35* A.M.
 The principal cause of death and related causes of importance were as follows:
Stites Media (left) chronic
Septicemic mastoiditis (left) eye
Meningitis (pneumococci) eye
 Other contributory causes of importance: *5/6/36*

Name of operation *gga* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

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) *Walter K. Randall*, M. D.
 (Address) *Mersey Hospital*

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.

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