

JUN 5 1936

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

Do not use this space.

20779

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. LITTLE, E. SYSTEMS of P.O. 17) St. Ward

File No.
Registered No. **4966**
St. Ward

2. FULL NAME

MARY NELSON
(a) Residence, No. 3460 So Grand Ave. 16 Ward.
(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>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Nelson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16th 1852</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
	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)
Illinois

MOTHER FATHER 13. NAME Henry Skidmore

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

MOTHER 15. MAIDEN NAME Cecilia Hoadley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill. Ill. Ill.

17. INFORMANT Little Sister of Poor
(ADDRESS) 3460 So Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL
Transvaal Ill. DATE May 8th 1936

19. UNDERTAKER Albert H. Hoffe
(ADDRESS) 429 N. Euclid Ave.

20. FILED J. T. Bredekamp
MAY 6 - 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25th 1936 to May 5th 1936
I last seen alive on May 5th 1936 Death is said to have occurred on the date stated above, at 16th noon

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

Arterio Sclerosis 9/20/35
arterio Sclerosis 4/20/36
Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Thos. N. Spragg M. D.

(Address) 3460 So Grand

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.

