

JUL 24 1936

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

Do not use this space.

22861

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K 6 mo (No. Research Hospital)

Registration District No. 399  
Primary Registration District No. 1092

File No. \_\_\_\_\_  
Registered No. 2790  
Ward \_\_\_\_\_

2. FULL NAME Fredrick Wm Nellman

(a) Residence, No. 1201 N 40th St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mes. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist  
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) Hanover, Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anne Nellman 1201 N 40th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June 10 1936

19. UNDERTAKER (ADDRESS) Nagler Funeral Home 224 N Lincoln

20. FILED of 9 19 36 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1936

22. I HEREBY CERTIFY, that I attended deceased from June 1 1936 to June 7 1936

I last saw him alive on June 7 1936 Death is said to have occurred on the date stated above, at 1:45 a.m.

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

Cerebral apoplexy Date of onset June 1-36

Other contributory causes of importance:

Arterio-sclerosis 5 yrs

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physic 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) A. Morris Lester M. D.  
(Address) 724 Argyle

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.

Dinsberg

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