

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

Do not use this space.

34243

**OCT 21 1936**

**1. PLACE OF DEATH**

County Harrison  
Township \_\_\_\_\_  
City Bethany (No. \_\_\_\_\_)

Registration District No. 334  
Primary Registration District No. 4197

File No. \_\_\_\_\_  
Registered No. 65  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl Milton Nelson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1936 to 9/17, 1936

I last saw him alive on 9/17, 1936 Death is said to have occurred on the date stated above, at 1A a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/24/1890  
7. AGE YEARS 46 MONTHS 0 DAYS 17  
IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Carcinoma of stomach  
Date of onset 2-1-1935

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk  
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 \_\_\_\_\_

46  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co., Mo.

MOTHER FATHER  
13. NAME James L. Nelson

Name of operation Exsplanatory Date of May 25<sup>th</sup> 1936  
What test confirmed diagnosis exsplanatory Was there an autopsy? no

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

MOTHER FATHER  
15. MAIDEN NAME Margaret Huntington

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

MOTHER FATHER  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Carl Nelson  
(ADDRESS) Bethany, Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Miriam DATE 9/19, 1936

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. UNDERTAKER S. M. Haas  
(ADDRESS) Bethany, Mo.

(Signed) W. B. Prosser, M. D.  
(Address) Bethany Mo

20. FILED 9-11-, 1936 A. R. Wendling  
Registrar

Every item of information should be carefully supplied. **DO NOT SIGN** unless you are sure of the facts. **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms, so that it may be properly classified. Exact statement of **OCCUPATION** is very important.

