

OCT 15 1936

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

Do not use this space.

34407

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Mow Primary Registration District No. 1002 Registered No. _____
City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

2. FULL NAME Paul Edger Nelson

(a) Residence, No. 4506 South Benton Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
41 4 5

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

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

10. Data 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) St. Louis Mo.

13. NAME Edward Nelson

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

15. MAIDEN NAME Luuk Peterson

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

17. INFORMANT Mrs Elizabeth Nelson (ADDRESS) 4506 South Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE ITHS Moriah DATE Sept-8, 1936

19. UNDERTAKER DW Newcomers Sons (ADDRESS) 2111 8th St

20. FILED Sept 8 1936 M.M. Grown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to Sept. 7, 1936

Last saw him alive on Sept 7, 1936 Death is said to have occurred on the date stated above, at 3:45 p.

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

Purulent Meningitis. Date of onset 9/4/36

Other contributory causes of importance:

Older medical & prosthetic left. 3 mos.

Name of operation _____ Date of _____
What test confirmed diagnosis Spinal Fluid 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? No

If so, specify _____ (Signed) Joseph E. Walker, M. D.

(Address) 836 Professional Bldg
Kansas City 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.

071774