JAN 19 1937

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

Do not use this space.

File No. 44852

Registered No. 5032

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City — (No. St. Luke's Hospital St. Ward)

2. FULL NAME Charles C. Nelson

(a) Residence, No. Carleton Hotel 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	8	0	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Prince William County
(STATE OR COUNTRY) Virginia

FATHER

13. NAME Charles A. Nelson

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

MOTHER

15. MAIDEN NAME Jane Nelson

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

17. INFORMANT Richard R. Nelson
(ADDRESS) 1036 Westover Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fort Scott, Kans. DATE Dec. 17, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 12-16, 1936 M. M. Crouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to Dec 15, 1936

I last saw him alive on Dec 15, 1936. Death is said to have occurred on the date stated above, at P. m. 10:40

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

	Date of onset
Lobar Pneumonia	7 days
Bronchial Pneumonia	5 days
Lungs Bronchial & alveolar	
Operated 15 days - Not tuberculous or malignant	

Other contributory causes of importance:

Anemia 4 days

Chronic Anemia

Name of operation Appendectomy Date of Dec 1 1936

What test confirmed diagnosis? the lower abd. organ 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) Lawrence E. Stine, M. D.

(Address) 1132 Dierkens Bldg.

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.

Prof Bily