

JAN 21 1937

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

Do not use this space.

45521

1. PLACE OF DEATH

County Missouri Registration District No. 566 File No. _____
Township Franklin Primary Registration District No. 5762 Registered No. 166
City Charleston (No. _____) St. _____ Ward _____

2. FULL NAME

Christine Nelson
(a) Residence, No. R 2 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 6:00 A.M.

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw h. _____ alive on No Doctor, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 - 1936

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
2 19

Supported in bed covers while asleep - accidental
Date of onset _____
Other contributory causes of importance: None

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Ike Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Ark.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident 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. _____

15. MAIDEN NAME Jean Franklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bruner Ark.

17. INFORMANT Ike Nelson (ADDRESS) Charleston Mo R 2

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Dec. 26 1936

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Paul Mackay Corneel, M. D.
(Address) Charleston Mo.

19. UNDERTAKER Frank Fair Funeral Service (ADDRESS) Charleston Mo.

20. FILED 12-27 1936 J. D. Vernon Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

