

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

Do not use this space.

FEB 16 1937

1. PLACE OF DEATH

County *Butler*
Township *Coon Island*
City (No. _____)

Registration District No. *88*
Primary Registration District No. *6268*

File No. *332*
Registered No. *3*
St. _____ Ward _____

2. FULL NAME

William Nelson
(a) Residence, No. *6 mi. E. Neelyville Mo.* Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *6* mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ 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 (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 15, 1864*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farming*
10. Date deceased last worked at this occupation (month and year) *1935* 11. Total time (year) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

MOTHER 13. NAME *Unknown 31*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Otto Walker Neelyville Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Coon Island* DATE *Jan 17 1937*

19. UNDERTAKER (ADDRESS) *Friends and neighbors*

20. FILED *1-17 1937* *T. L. Turner* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 16 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *7 P.m.*

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

Fell from a truck, striking his head and shoulders. He fell at 11 a.m. and died at 7 P.M.
Date of onset *1-16-37*

Other contributory causes of importance: *He had no medical attendance*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No*

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) *T. L. Turner*, M. D.
(Address) *Neelyville 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.

