

APR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County DeKalbRegistration District No. 289File No. 11791Township Collin HillPrimary Registration District No. 5407Registered No. 28 / 18

City (No. ) St. Ward

2. FULL NAME Viola 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

3. SEX Female 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

Henry Nelson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/6/19197. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 18 1 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home10. Date deceased last worked at this occupation (month and year) 3/12/37 11. Total time (years) spent in this occupation 1 1/2 mo12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo13. NAME William Dix14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Sula Heathcott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo17. INFORMANT Henry Nelson (ADDRESS) Malden Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 3/29/3719. UNDERTAKER Anderson Funeral Home (ADDRESS)20. FILED 3/28/37 1937 S. S. Mitchell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 193722. I HEREBY CERTIFY That I attended deceased from March 15<sup>th</sup>, 1937, to March 28, 1937I last saw her alive on March 27, 1937 Death is said to have occurred on the date stated above, at 5:30 a. p.

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

Pernicious Anemia Date of onset 1/1/37

Other contributory causes of importance:

141Miscellaneous age at 6 mo 3/24/37Name of operation None Date of ✓What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1937

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) S. S. Mitchell, M. D.(Address) Malden 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.

