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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937

County Jackson — Registration District No. 399 — File No. 19168

Township Kaw — Primary Registration District No. 1002 — Registered No. 2382

City Kansas City (No. 4420 Bellefontaine Avenue St. Ward)

2. FULL NAME Mrs Dorothy NELSON

(a) Residence, No. 319 Glendale, Highland Park, Michigan. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 00 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1876

7. AGE: YEARS 60 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ...hrs. or....min.

OCCUPATION

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

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

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) Sweeden

FATHER

13. NAME Mr. Magnuson

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hugo Moller, son-in-law, 4420 Bellefontaine, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL to PLACE Detroit, Michigan DATE 5/25/37 19

19. UNDERTAKER (ADDRESS) Mellody-McGilley K. C. Mo.

20. FILED May 25, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24th, 1937

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

I last saw h..... alive on May 24, 19.... Death is said to have occurred on the date stated above, at 6:00pm

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

Date of onset

Coronary Occlusion

94B

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Vincent Williams M. D.

(Address) 736 Bryant Bldg Kansas

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