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

Do not use this space.

JUN 16 1937

File No. 19347

Registered No. 1.

1. PLACE OF DEATH
County: Barton
Township: Sur.
City: Minden, Mo. (No. ..... St. ..... Ward)

Registration District No. 42
Primary Registration District No. 4026

2. FULL NAME: Arvid Nelson

(a) Residence, No. Minden, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29 1884

7. AGE: Years 52 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman at Mine
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mulkerny Coal 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) (STATE OR COUNTRY): Sweden

FATHER
13. NAME: Nelson Olasson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Matilda Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): A. Nelson, Minden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olive, Pittsburg DATE: Jan. 16, 1937

19. UNDERTAKER (ADDRESS): A. Smith, Pittsburg, Kansas

20. FILED: 1/15, 1937 Geo. H. Gish, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937, to Jan. 13, 1937, I last saw him alive on Jan. 13, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Bi Lateral Pneumonia (Lobar)	

Other contributory causes of importance:

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Name of operation ..... 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? ..... 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) Geo. H. Gish, M. D.
(Address) Minden, Missouri, Mo.

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