

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.

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Johnson
Warrensburg

Registration District No.

Primary Registration District No.

431

3023

File No.

Registered No.

24074

74

2. FULL NAME

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

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

A. W. Young.

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

May 9 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

68

1

18

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

Housewife

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)

Jamestown Mo.

13. NAME

Jesse Nelson

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

A. W. Young, Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Negansville* DATE *June 28, 1937*

19. UNDERTAKER (ADDRESS)

Waverly Phillips, Warrensburg, Mo.

20. FILED

June 28, 1937 *Earl Hentley*
Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 27, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 20, 1937, to June 27, 1937

I last saw her alive on *June 26, 1937* Death is said

to have occurred on the date stated above, at *2:4* m.

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

Cerebral hemorrhage Date of onset

Other contributory causes of importance:

none known

Name of operation

none

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? *NO*

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? *NO*

If so, specify

(Signed) *Wm. P. Gillespie*, M. D.

(Address) *Warrensburg Mo*

