

AUG - 5 1937

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

Do not use this space.

25405

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. **Donner Philips**)

File No.....  
Registered No. **6579**  
St..... Ward)

## 2. FULL NAME

**Louis Nelson**  
(a) Residence, No. **815 N 20 St.** St. **25** Ward.

(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 **Male** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-15-1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**48 3 21**

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

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) **Americus Ga.**13. NAME **Not known**

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

15. MAIDEN NAME **Not known**

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

17. INFORMANT **Lula Nelson** (ADDRESS) **750 20 St**18. BURIAL, CREMATION, OR REMOVAL PLACE **Americus Ga.** DATE **7-9** 193719. UNDERTAKER **A.P. Richards** (ADDRESS) **900 W. Jefferson**20. FILED **8 1937** **J. Biebeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/6** 19**37**

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 **6:20 A.M.**

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

**Bilateral Broncho Pneumonia  
Chronic Myocarditis  
Gnathesed & lacerated wounds of head & legs following fall down eighteen steps at 815 N. 20 St.  
Other contributory causes of importance:  
about 11:30 P.M. July 3, 1937.**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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

Accident, suicide, or homicide? **Accident** Date of injury **7/3** 19**37**Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **at home**

Manner of injury.....

Nature of injury..... **See Above**24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Joseph M. Zuer**(Address) **1025 E. 12th St.**

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.

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