

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

Do not use this space.

28905

1. PLACE OF DEATH **SEP 10 1937**

County..... Registration District No. **891**
Township..... Primary Registration District No. **10002**
City **Saint Louis** (No. **3659 Windsor Place**) St. Ward)

File No. **7538**
Registered No.

2. FULL NAME **Mary Nelson**
(a) Residence, No. **3659 Windsor Place** St., **11** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **16** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 25, 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 11

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) **Little Rock Arkansas**

13. NAME **Joseph Mathia**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable France**

15. MAIDEN NAME **Queen Wesson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hope County Arkansas**

17. INFORMANT (ADDRESS) **Samuel Nelson 3659 Windsor Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Aug. 10, 1937**

19. UNDERTAKER (ADDRESS) **Charles S. Carter 4107-09 Finney Avenue**

20. FILED **AUG 9 1937** **J. P. Predeck** Registrar. (Address) **25306 Franklin Avenue**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 6th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 4th, 1937** to **August 6th, 1937**

I last saw her alive on **August 6th, 1937** Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

acute Intestine obstruction (strangulated) obstruction caused by carcinoma of lower end of colon

Date of onset **8/4/37**

Other contributory causes of importance:

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?

If so, specify.....

(Signed) **J. Jones** M. D.

(Address) **25306 Franklin Avenue**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

22-2988-899

