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.

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

NOV 18 1937

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 36668

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 6024 Brookside Boulevard St. Ward)

2. FULL NAME Adelia Delora Nelson

(a) Residence, No. 6024 Brookside Boulevard, Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Wyan Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1848

7. AGE: Years 89, Months 4, 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.: At home
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): Missouri

FATHER
13. NAME: John R. French
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Connecticut

MOTHER
15. MAIDEN NAME: Martha Reavis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): French L. Nelson (Son) 6024 Brookside Boulevard

18. BURIAL, ~~CREMATION OR REMOVAL~~ Elmwood Cemetery
PLACE Kansas City, Mo. DATE Oct. 13 1937

19. UNDERTAKER (ADDRESS): Stine & McClure Kansas City, Missouri

20. FILED Oct 12, 1937 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1937, to Oct 11th, 1937
I last saw her alive on Oct 11th, 1937. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Acute Edema of Lungs 10 hrs — Date of onset

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Other contributory causes of importance:
Pleurisy — Oct 7th
Labor Premonitional — Oct 9th

Name of operation: None — Date of
What test confirmed diagnosis? Phys. Ex. — 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 Geo F Hamel
(Signed) Geo F Hamel, M. D.
(Address) 900 Keith Bldg

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