

DEC 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County NodawayRegistration District No. 625

Township

Primary Registration District No. 8031City Maryville, Mo.(No. St. Francis Hospital)File No. 42030Registered No. 120

St. \_\_\_\_\_ Ward)

2. FULL NAME Lydia Belle Nelson(a) Residence, No. Ravenwood, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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 OFHarley Nelson

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

Oct. 3 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

67

1

13

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) Ravenwood, Mo  
(STATE OR COUNTRY)13. NAME Henry Ross,14. BIRTHPLACE (CITY OR TOWN) Ravenwood, Mo  
(STATE OR COUNTRY)15. MAIDEN NAME Pauline F. DeShazer16. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)17. INFORMANT Simon Ross, Ravenwood, Mo  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ravenwood, Mo DATE Nov. 20, 193719. UNDERTAKER Price Funeral Home,  
(ADDRESS) Maryville, Mo.20. FILED 11-20 1937 Mamie E. Clardy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 193722. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Nov 16, 1937I last saw her alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 8 p.m.

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

Broncho-Pneumonia Date of onset  
Organic Heart

Other contributory causes of importance:

Name of operation Chloroform Date of 5What test confirmed diagnosis? Chloroform Was there an autopsy? No23. 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) H. M. Hall, Jr., M. D.  
(Address) Maryville, Mo

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.

