JAN 19 1938

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

Do not use this space.

File No. 45722

Registered No. 109

1. PLACE OF DEATH

County: Jasper — Registration District No. 417 1

Township: — Primary Registration District No. 5021

City: Webb City (No. SEVENTH AND OAKLAND STS. St. Ward)

2. FULL NAME Swen Nilson

(a) Residence, No. 7th & Oakland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1857

7. AGE: Years 80 | Months 6 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (GROCER)
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): Christianstad Sweden

FATHER

13. NAME: Nils Nilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Hanna Ek
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Day Mrs. Morrison Pritchett, Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Hope Cemetery DATE: Dec. 3, 1937

19. UNDERTAKER (ADDRESS): Hedge-Nelson Funeral Home, Webb City, Mo.

20. FILED: 12-2-37, 19.... A. L. Pritchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to Dec 1, 1937

I last saw him alive on Dec 1, 1937. Death is said to have occurred on the date stated above, at 11:00 m.

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

	Date of onset
Chronic Myocarditis approx	1-8-37
Other contributory causes of importance: Cardio-Renal Complications approx	1-1932

Name of operation: ..... Date of: ..... No

What test confirmed diagnosis? Clinical Was there an autopsy?

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) A. L. Pritchett, M. D.
(Address) Webb City, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-1-22-36 X9314