REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON
Township FT OSAGE
~~SIBLEY~~
City ..... (No. ....., ... St., ... Ward)

Registration District No. 396
Primary Registration District No. 5552

File No. 11002
Registered No. .....

2. FULL NAME CHARLES FERDINAND NELSON 425
(a) Residence, No. Sibley 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 30 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lou E. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct.13.1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	4	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Paxton Illinois 1

FATHER
13. NAME Andrew Nelson 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 7

MOTHER
15. MAIDEN NAME Carrie Hanson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs. Lou E. Nelson Sibley Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sibley Cem DATE Mch.4.1938

19. UNDERTAKER (ADDRESS) V.M.Reppert. No. Buckner Mo.

20. FILED Mar 4 1938 John W. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch.2.1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dy Coroner, 19
I last saw h..... alive on ....., 19 Death is said to have occurred on the date stated above, at 8.50 AM m.
The principal cause of death and related causes of importance were as follows:

Gun shot wound with single bbl shot gun inside mouth

Gunshot Wound head

Date of onset

Other contributory causes of importance: 167-

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 3/2/38, 19
Where did injury occur? His home Sibley Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. His home
Manner of injury Gunshot Wound head
Nature of injury Brain destroyed

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
358 (Address) Dy Coroner

MARGIN RESERVED FOR BINDING

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.

50M-10-22-38 I X9314