

REC'D JUN 9 1938

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

B. of H.

17380

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 299
 (b) Township Kaw Primary Registration District No. 100 Registered No. 2077
 (c) City K. C. Mo. (d) Street No. 3717 E. 26th Str., K. C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Nelson, 425

(a) Residence, No. 2605 Monroe Avenue, K. C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Frank L. Nelson
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15th, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lincoln Nebr. (STATE OR COUNTRY)13. NAME Herman Gaekler14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Louise Tidman16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Frank L. Nelson, (ADDRESS) 2605 Monroe Avenue, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE May 21st, 193819. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED May 19, 1938 M. M. Cronin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-38

22. I HEREBY CERTIFY, That I attended deceased from

I last saw Deputy Coroner on 5-19-38, to 5-19-38, 19..... Death is saidto have occurred at 530 G. M. Date stated above, at 5:30 A. M.
 The primary cause of death and related causes of importance were as follows:

Encephalomalacia
Cerebral hemorrhage - left.

Other contributory causes of importance: 82, a1

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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) Victor B. Butler, M. D.
 (Address) San Diego, K.C. Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.