REC'D JUN 22 1938

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

Do not use this space.

File No. 18726

Registered No. 32

1. PLACE OF DEATH
County Lewis
Township
City Canton (No. , St. Ward)

Registration District No. 477
Primary Registration District No. 4286

2. FULL NAME Anna Stella Nelson 425

(a) Residence, No. 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? 10 yrs. mos. ds.

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 (OR) WIFE OF James M. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	11	

OCCUPATION

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) (STATE OR COUNTRY) Evans Falls, Penn.

FATHER

13. NAME Orrin D. Orcutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poughkeepsie New York

MOTHER

15. MAIDEN NAME Lydia Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evans Falls Penn.

17. INFORMANT Mrs Richie Schultz
(ADDRESS) Meadville, Penn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Canton Mo. DATE May 17, 1938

19. UNDERTAKER Earl H. Barkley
(ADDRESS) Canton Missouri

20. FILED May 17, 1938 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 15, 1938
I last saw her alive on May 15, 1938 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Pericarditis.

AD

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) J. D. Killian M.D.
(Address) Canton, 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.