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.

REC'D AUG 4 1938

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

25300
Do not use this space.

1. PLACE OF DEATH
(a) County: Greene
(b) Township:
(c) City: Springfield
Registration District No.: 318
Primary Registration District No.: 2001
Registered No.: 525
(d) Street No.: 2054 N. Campbell 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: James M. Nelson
(a) Residence, No.: 2054 N. Campbell St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~: Edna A. Nelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6-1857
7. AGE: Years 81 Months 5 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired R.R. Machinist
9. Industry or business in which work was done, as saw mill, bank, etc.: R.R. Shops
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): Georgia

FATHER
13. NAME: Elbert Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Edna A. Nelson Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Comfort DATE: July 6 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. Gingher Springfield Mo.
20. FILED July 6 1938 Chas. A. George Local Registrar, Springfield Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/28 1938 to 7/4 1938
I last saw him alive on 7/3 1938. Death is said to have occurred on the date stated above, at 3:25 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 6/28/39
G.J.W.
Other contributory causes of importance: Arterial Hypertension
Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

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) O. Max Gates, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Warren D. Hoblett #4005, ~~or~~ by Wm. Max Rhode

Registered Apprentice No. 117, working under my personal supervision.

Signed J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield

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

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