

REC'D SEP 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH28773
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
 (b) Township Meramec Primary Registration District No. 5247 Registered No. 56
 (c) City..... (d) Street No..... 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 Baby Nelson

(a) Residence, No. 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25--38		
7. AGE YEARS Stillbirth	MONTHS	DAYS
If LESS than 1 day, <u>1/2</u> hrs. or <u>1/2</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant	
	9. Industry or business in which work was done, as 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) Dent Co., Mo		
FATHER	13. NAME Clifton Nelson	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co., Mo	
MOTHER	15. MAIDEN NAME Leota Dennis	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co., Mo.	
17. INFORMANT (ADDRESS) Carl O Nelson		
18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem. DATE 8/25/38		
19. FUNERAL DIRECTOR (ADDRESS) C K Spencer Salem Mo		
20. FILED <u>Aug 25 1938</u> W. D. Butler Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased Aug 25, 1938 to 1:20 p.m. I last saw him alive on Aug 25, 1938. Death is said to have occurred on the date stated above, at 1:20 p.m. The principal cause of death and related causes of importance were as follows:
asphyxiation following delayed delivery of head
 Date of onset 1609

Other contributory causes of importance: 1609

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) W. D. Butler, M. D.
 (Address) Salem, Mo.

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.

No undertaker used.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)