

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

SEP 28 1938

1. PLACE OF DEATH

County Stoddard
Township 6-16
City Beaumont

Registration District No. 836
Primary Registration District No. 6100

File No. 30161
Registered No. 45

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

Nelson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 38

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 11 -

The principal cause of death and related causes of importance were as follows:
Had no

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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 _____

Physician 154'
Other contributory causes of importance:
Proberey, Penetrate

12. BIRTHPLACE (CITY OR TOWN) Stoddard Co. Mo (STATE OR COUNTRY) Mo

MOTHER
13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ellie Nelson

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

17. INFORMANT Jos Pedman (ADDRESS) Anna R1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna DATE 7-28

19. UNDERTAKER None (ADDRESS)

20. FILED Aug 28 1938 R. Allen Registrar.

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 _____

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) _____ M. D.

(Address) Anna

