

REC'D OCT 15 1938

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

31512
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Four Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 3631 Park 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mr. James Edward Mc Nelson
(a) Residence, No. 3631 Park 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Marquerite Mc Nelson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1866

7. AGE YEARS 72 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. RR. Conductor
10. Date deceased last worked at this occupation (month and year) 1932 (Total time in years) Not spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill.

FATHER 13. NAME John Mc Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ank. Gorman

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

17. INFORMANT Marquerite Delan Mc Nelson (ADDRESS) 2631 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 1 38

19. FUNERAL DIRECTOR (NAME) D. Newcomer (ADDRESS) Brushcreek Passes

20. FILED 9/30 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1938, to Sept 28 1938. I last saw him alive on Sept 28 1938. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
to
4/6/35
Date of onset 7/6/35

Other contributory causes of importance: Secondary Anemia June 1938

Name of operation..... Date of.....
What test confirmed diagnosis by Stomach in 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?.....
If so, specify 1
(Signed) Mahlow Delp M. D.
(Address) 315 Alameda St. Xc. 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.

Algon Med. Serv.
315 Alameda Ave
180
3
726947

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,

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

Signed..... *Neil Carr*

Licensed Embalmer No. *3976*

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.