

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ste GenevieveTownship Beaumont

City

(No)

Registration District No. 781Primary Registration District No. 6027File No. 33219

Registered No.

St.

Ward)

2. FULL NAME Abraham Lincoln Nelson

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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?

yrs.

mos.

ds.

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

Ida Layson

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

Jan 5 1885

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

53825

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.

Farmer

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)

Salem Missouri

FATHER

13. NAME

Henry Nelson

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

Madison County Missouri

MOTHER

15. MAIDEN NAME

Bessie Grape

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

Madison Missouri

17. INFORMANT (ADDRESS)

Raymond Nelson
Rural Box 1248 Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harvey Cem. Ste Genevieve Mo Oct 3 1938

19. UNDERTAKER (ADDRESS)

Paul G. Boster
201 Duane St. Mo

20. FILED

10/02 1938 Yokoy Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 193822. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to Sept. 27 1938.I last saw him alive on Sept. 27 1938. Death is saidto have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
with EffusionDate of onset
1935

Other contributory causes of importance:

Chronic Nephritis1935

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. 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? No

If so, specify

(Signed) Arthur E. Egan, M. D.(Address) Ste Genevieve Mo785

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.

