

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

36036  
 Do not use this space.

NOV 23 1938

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 413  
 (b) Township Marion Primary Registration District No. 5559C Registered No. 62  
 (c) City Wells City (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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.  
4.35 Carol Sue Nelson

**2. PRINT FULL NAME**

(a) Residence, No. 3 miles north of W.C. 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)** Child  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Child  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Oct 29 1938  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as saw mill, bank, etc.** Child  
**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)** Wells City Missouri  
**FATHER**  
**13. NAME**  Cecil R. Nelson  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri  
**MOTHER**  
**15. MAIDEN NAME** Fannie Gibson  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri  
**17. INFORMANT (ADDRESS)** Cecil R. Nelson R#1 Wells City  
**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Eastville Cem 10/31 1938  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Wells City, Mo  
**20. FILED** No. 21 1938 Harry A. Weaver Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct 30 1938  
**22. I HEREBY CERTIFY, that I attended deceased from** Oct 29 1938 to Oct 30 1938  
 I last saw him alive on Oct 30 1938 Death is said to have occurred on the date stated above, at 10a m.  
 The principal cause of death and related causes of importance were as follows:  
weak heart from pituitary Date of onset 1570  
 Other contributory causes of importance: Unfractured  
 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 \_\_\_\_\_, 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 \_\_\_\_\_  
 (Signed) W. S. Clayton M.D.  
 (Address) 206 W. Broadway  
374 Wells City 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.

**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, myself,

or by .....

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Wells City, Mo.

**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.**