

LEO Feb 6 1939

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

1581

Do not use this space.

## PLACE OF DEATH

(a) County BOONE Registration District No. 73  
 (b) Township COLUMBIA Primary Registration District No. 300.6 Registered No. 17  
 (c) City COLUMBIA (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

425 HORATIO NELSON  
 (a) Residence, No. 104 N. GLENWOOD 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 (Write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EMMA J FERRY NELSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 12-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 8 18

OCCUPATION 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. RETIRED  
 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) CENTON ILLINOIS

FATHER 13. NAME HORATIO CLARK NELSON 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND 1

MOTHER 15. MAIDEN NAME ELIZA DONTKNOW

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

17. INFORMANT (ADDRESS) MRS ROY M. TODD  
104 N. GLENWOOD

18. BURIAL, CREMATION, OR REMOVAL LIBERAL MO.  
PLACE LIBERAL CEM. DATE FEB 1 1939

19. FUNERAL DIRECTOR (ADDRESS) R.O. WILLETT  
COLUMBIA MO.

20. FILED 1/31/39 Allie Selby  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANY 30-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14- 1938 to 1-30- 1939

I last saw him alive on 1- 1939 Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Progress of Stroke  
17 days a full operation  
1 month ago Date of onset 12-10-38

Other contributory causes of importance:

High B.P. - Myocarditis  
its not known

Name of operation Leg amputation Date of 1-27

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? None  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. D. Dy cart M. D.

74 (Address) Columbia, Mo.

97 AM

STATEMENT BY LICENSED EMBALMER

*Lynman H. Sprinkle* Licensed Embalmer No. *4013*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Arterial & Cavity*

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed *Lynman H. Sprinkle*

Licensed Embalmer No. *4013*

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.)

DEPARTMENT OF OCCUPATIONS  
DIVISION OF PROFESSIONAL REGULATION  
100 N. GUYTON ST., ANNE ARD, MD 21403  
TEL: 410-326-7300 FAX: 410-326-7301

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

1581  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township ..... Primary Registration District No. 3006 Registered No. 17  
(c) City Columbia (d) Street No. ....  
(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 Horatio 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wed  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 8 18

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.  
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1939

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

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

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

Cardiogenic ? of Stump ? leg after operation  
High Blood Pressure and Myo Carditis  
Leg amputation  
Other contributory causes of importance:  
g371

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? No Date of injury ..... 19.....  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify W.P. Pezart, M. D.  
(Signed) Columbia Mo  
(Address)

Local Registrar.

At the County of Boone, Missouri, on the 30th day of July, 1939, I, the undersigned, a duly qualified and acting Registrar, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the Bureau of Vital Statistics of the Missouri State Board of Health. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

