

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.

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

Do not use this space.

RECORDED SEP 15 1939

29527

1. PLACE OF DEATH

County RafayetteRegistration District No. 46 6Township ClayPrimary Registration District No. 46 22 BCity Napoleon (No.)

St. Ward)

2. FULL NAME William Ross Nelson

(a) Residence, No. St. Ward.

(Usual place of abode)

(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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Nelson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 18977. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 6 68. Trade, profession, or particular kind of work done, as planter, sawyer, bookkeeper, etc. Farmer

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. 2 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rafayette Co. Mo.13. NAME John Nelson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Kansas15. MAIDEN NAME Anna Hunsford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rafayette Co. Mo.17. INFORMANT (ADDRESS) Mrs. Blanche Nelson Napoleon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cemetery, Wellington Aug 22, 193919. UNDERTAKER (ADDRESS) Quensing Funeral Home Wellington, Mo.20. FILED Aug 22, 1939 F. W. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 193922. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to Aug 20, 1939I last saw him alive on Aug 20, 1939 Death is said to have occurred on the date stated above, at 11 m.

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

Cocorony Thrombosis Date of onset 8/20/39Other contributory causes of importance: Chronic myocardial degeneration, eczema, 1936Name of operation None Date of NoneWhat 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? 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? NoIf so, specify None(Signed) W. J. Beltrami(Address) Wellington, Mo.

NOV 29 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/17/89