

088'D SEP 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lewis

Township

City Canton

Registration District No. 477

Primary Registration District No. 4286

File No. 29567

Registered No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Miller 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anna S. Orcutt

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

Feb. 25, 1856

7. AGE

YEARS

83

MONTHS

6

DAYS

6

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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

12. BIRTHPLACE (CITY OR TOWN)

Lewis Co.

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

George Boone Nelson

14. BIRTHPLACE (CITY OR TOWN)

Fayette Co.

(STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Rosannah Richardson

16. BIRTHPLACE (CITY OR TOWN)

Frankfort

(STATE OR COUNTRY)

Kentucky

17. INFORMANT

(ADDRESS)

Mrs. Dora Schultz  
Meadville, Penn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Canton, Mo.

DATE Sept. 5, 1939

19. UNDERTAKER

(ADDRESS)

Earl H. Barkley  
Canton, Mo.

20. FILED

Sept. 4, 1939 H. W. Harris, M.D.  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from

3.30 P.M. Aug 31, 1939 to 4.45 P.M. Aug. 31, 1939

I last saw him alive on Aug. 31, 1939 Death is said

to have occurred on the date stated above, at 4:45 P.M.

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

Was struck by R.R train had lacerations on face and head and internal injuries

Date of onset

Other contributory causes of importance: 2074

Name of operation

Date of

What test confirmed diagnosis? Examinations Was there an autopsy? N

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

Accident, suicide, or homicide? Accident Date of injury Aug. 31, 1939

Where did injury occur? 1 mile north of Canton

Miss. Co. Mo. (Specify city or town, county, and State)

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

Manner of injury

Struck by R.R. train

Nature of injury

Lacerations of face, head, etc.

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

If so, specify

H. W. Harris, M.D.

(Address) Canton 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.

RECEIVED

District Health Officer No. 10

District File Number 9-29-156a

Date Filed SEP 8 1939