

NOV 24 1939

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

36196
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 4211
(c) City Windsor (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 Mrs. Anna M. Davis 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 Female 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 Edward E. Nelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home maker
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) Benton County 0
(STATE OR COUNTRY) Missouri

13. NAME M. A. C. Davis 0

14. BIRTHPLACE (CITY OR TOWN) Calloway County 0
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Comer

16. BIRTHPLACE (CITY OR TOWN) Calloway County
(STATE OR COUNTRY) Missouri

17. INFORMANT Ed. Nelson
(ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Oct. 19 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED Oct. 19 1939 J. J. Jernigan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1939, to Oct 17, 1939

I last saw her alive on Oct. 17, 1939. Death is said to have occurred on the date stated above, at 4:35 a m
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Oct 12-39

Other contributory causes of importance
Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____ (Signed) J. A. Blackmore, M. D.

(Address) Windsor, 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.

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RECEIVED

District Health Officer No. 7,

District File Number 7-29-15-99

Date Filed 11-14-29

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. M. Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.