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

Do not use this space.

40306

File No. .....
Registered No. 831

1. PLACE OF DEATH

County: Greene — Registration District No. 318
Township: ..... — Primary Registration District No. 2051
City: Springfield (No. Burge Hospital ..... St. ..... Ward)

2. FULL NAME Roy Nelson

(a) Residence. No. ..... St., ... Ward. Marshfield, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 24, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	10	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Canning Business
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Bedford, Pa.

PARENTS

10. NAME OF FATHER J. W. Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Bedford, Pa.
12. MAIDEN NAME OF MOTHER Mann, Hannah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Bedford, Pa.

14. INFORMANT D. D. Julian
(Address) Marshfield, Mo.

15. FILED 12-5, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1926, to Dec 5, 1929, that I last saw h. alive on Dec 5, 1929, and that death occurred, on the date stated above, at 11 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
93C
..... (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 0
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Guy D Calloway, M. D.
12-5, 1929 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marshfield, Mo. — DATE OF BURIAL 12-8-1929

20. UNDERTAKER McMahan Und. Co — ADDRESS Marshfield 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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