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

Do not use this space.

28994/6

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

1. PLACE OF DEATH

County: Pemiscot — Registration District No.: 114

Township: Butler — Primary Registration District No.: 5867

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: DORETHA 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: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 1st, 1931

7. AGE — YEARS: ..... MONTHS: ..... DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

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) (STATE OR COUNTRY): Near Portageville Missouri

FATHER

13. NAME: Frank Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME: Lillian Hardey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT: LeRoy Hawkins (Colored) (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL: John W. Tant, Wardell, Mo. PLACE: Portageville DATE: Aug., 18th, 1931

19. UNDERTAKER: R. M. Payne (ADDRESS) Portageville, Mo.

20. FILED: 8/28, 1931 C. M. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug., 17th, 1931

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

I last saw h..... 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:

	Date of onset
COLITIS	
11/98 / 19	

Other contributory causes of importance:

Weak child when born, and very small when born.

Name of operation: no 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? no (Specify city or town, county, and State)

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

no

Manner of injury: no

Nature of injury: no

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

If so, specify ..... Local Director

(Signed) Fred L. Ogilvie Health, M. D.

(Address) Caruthersville Mo Office

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

SEP 25 1931

V. S. No. 2.

Dr. Oglivie I am sending in two death certificates, one Dorthea Nelson, colored, upon a thorough investigation from all the information I can gather she died of colitis. I find the negroes as a rule are not able to get doctors or so many of the doctors will not go without a white man promises to pay and this year none of them will do so.

The Young child had just been brought back from the Hospital at Memphis and they failed to get a doctor as they did not think the child as bad as it was until it was gone. I made a thorough investigation of this case too. The women said it was Boll Hives, what ever that is. I told all these people that if they did not take their children to a doctor or have one I would call in the Coroner, but doctor that would be a lot of expense to the tax payers. Please advise me what to do in such cases. Will you please sign these two death certificates. Then tell me what to do. Shall I call you in each case, in that way it would take all of my certificate fee. But I would not hesitate to spend it. The people sometimes think I get hard boiled over it. Dr. O'Bannon of this county tells me to make the investigation and then use my best judgement.

O.A.COOK

S-28994