

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

Do not use this space.

41207

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3801 East 13th St.) St. _____ Ward _____

File No. _____
Registered No. 5196
St. _____ Ward _____

2. FULL NAME Mrs. Ida M. Nelson

(a) Residence, No. 3801 East 13th St. St. 12 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Arthur W. Nelson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Kentucky

FATHER 13. NAME George W. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Rosalpha Carrier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Arthur W. Nelson (ADDRESS) 3801 East 13th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Jan 2, 1932

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 104 W. 42nd St. K.C. Mo

20. FILED Dec 31 1931 M. M. Kerove Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1931, to Dec. 30, 1931
I last saw her alive on Dec 30, 1931. 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:

General Carcinomatosis of abdomen
Primary for 10 years
Abdomen opened, adenocarcinoma found, adenocarcinoma removed
Other contributory causes of importance: None
53E

Name of operation _____ Date of Mar. 13, 1931
What test confirmed diagnosis? _____ 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) B. T. Volkmann, M. D. M. D.
(Address) 3305 E. 12th St. Kansas City, Mo.

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

B. J. Colglazier