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

Do not use this space.

1604

File No. 14
Registered No. 80

Registration District No. 464
Primary Registration District No. 5626

1. PLACE OF DEATH

54 County Lafayette
Township Washington
City ~~Odessa~~ ~~Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME Alta May 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: negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1879

7. AGE: Years 52 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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.: 235
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): Johnson Co Mo.

FATHER
13. NAME: Jonas Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co Mo.

MOTHER
15. MAIDEN NAME: Rosie Jackson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co Mo.

17. INFORMANT (ADDRESS): Mackey Nelson Odessa Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Black Water Cem. DATE 1/22, 1932

19. UNDERTAKER (ADDRESS): L. C. Furman Odessa Mo.

20. FILED 2-4, 1932 T. C. Schooler Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Jan 20, 1932
I last saw him alive on Jan 19, 1932. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1/19/32
8 LA	
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Other contributory causes of importance: Hypertension

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) R. E. Schooley M. D.
(Address) Odessa Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.