

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

Do not use this space.

15486

1. PLACE OF DEATH

16 County Cape Girardeau
Township North White Water
City Millersville (No.)

Registration District No. 124
Primary Registration District No. 5783

File No.
Registered No. 35 St. Ward)

2. FULL NAME

Freddie Andy 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son of W.R. + Hazel Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1932
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
1 + 1 hrs. 15 min.

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) Millersville (STATE OR COUNTRY) Mo.

13. NAME W.R. Nelson

14. BIRTHPLACE (CITY OR TOWN) Henrich (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Hazel Hendrix

16. BIRTHPLACE (CITY OR TOWN) Millersville (STATE OR COUNTRY) Mo.

17. INFORMANT A. M. Hendrix (ADDRESS) Millersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millersville Mo DATE May 19, 1932

19. UNDERTAKER Charles Miller (ADDRESS) Jackson

20. FILED 5-19 1932 D. G. Suber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1932

I HEREBY CERTIFY, That I attended deceased from May 16, 1932 to May 18, 1932
I last saw him alive on May 18, 1932 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
159 gms.
Don't know cause

Other contributory causes of importance:

159 none
1

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?
If so, specify 101 gms
(Signed) D. G. Suber
(Address) Jackson Mo.

WRITE PLAINLY, 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.

MAIN 21 1932

MARRIAGE RESERVED FOR BIRTHING

B. NO. 2.

