

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

Do not use this space.

6708

1. PLACE OF DEATH

76 County Osage Registration District No. 644
 Township Dixon Primary Registration District No. 5853
 City ~~Osage~~ (No.) St. Ward)

2. FULL NAME

Peter Nielson
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Nielson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23 - 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farming</u>	
	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) <u>Loueover mo</u>		
FATHER	13. NAME <u>Asman Nielson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Kemp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
17. INFORMANT (ADDRESS) <u>Wm. Nielson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Loose Creek Mo</u> DATE <u>2-14-33</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Nielson</u>		
20. FILED <u>2/13-1933</u> <u>Emily H. Katter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12th 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 10 1931 to Feb 12th 1933
 I last saw him alive on Feb 12th 1933 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 23rd 11A 23
 Other contributory causes of importance:
Influenza

Name of operation Date of
 What test confirmed diagnosis? Tuberculin 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) J. O. Cooper M. D.
 (Address) Linn 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.

WWW.COURTREPORTING-TRAINING.COM THIS IS A PERMANENT RECORD

1933

