

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

Do not use this space.

36182

NOV 13 1934

1. PLACE OF DEATH

County Backson Registration District No. 399
 Township Staw Primary Registration District No. 67-02
 City Kansas City (No. 211 West) St. _____ Ward _____

File No. _____
 Registered No. 1685

2. FULL NAME

Andrew M. Nelson
 (a) Residence, No. 211 West 67 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 married
(writes the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna M. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-14-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Sweden

13. NAME Nelson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr Ernest G. Nelson
 (ADDRESS) 211 West 67

18. BURIAL, CREMATION, OR BURNING PLACE Forest Hill DATE Oct 23 1934

19. UNDERTAKER A. P. Doehler
 (ADDRESS) 1415 East 15

20. FILED 10/22 1934 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1934 to Oct 20 1934

I last saw him alive on Oct 20 1934 Death is said to have occurred on the date stated above, at 11-00 a.m.

The principal cause of death and related causes of importance were as follows:
Cardiac Failure

930
228
930

Other contributory causes of importance:
Intestinal Obstruction Oct 15
Myocarditis Chronic 4 yrs.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physicist 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) Carl H. Lindquist, M. D.
 (Address) 106 W 14th St.

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.

F. S. Power & Light Bldg

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