JAN 23 1936

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

Do not use this space.

39629

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas (No. K. C. General Hospital St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME George Nelson
(a) Residence, No. I4I6 Madison 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, I873

7. AGE: Years 62 — Months 9 — Days II — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
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): Iowa

FATHER
13. NAME: Joe Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Lyby Lyons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Record Clerk, K.C.General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: GreenLawn Cem. DATE: Dec.I7,I935, 19

19. UNDERTAKER (ADDRESS): Peter B. Lapetina, 536 Campbell St.

20. FILED: Dec 16, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 13/35, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19
I last saw h[illegible] alive on [illegible], 19 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:

Rupture of small Intestine (Traumatic)
Acute Peritonitis

Date of onset

Other contributory causes of importance:
No

Name of operation: Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: 12/11/35
Where did injury occur? Stock Yards (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fell against stock Pushing
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.

THIS IS A PERMANENT RECORD