

REC'D MAR 17 1939

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

Do not use this space.

1. PLACE OF DEATH

55 County Lawrence Registration District No. 470 File No. 7038  
Township Uman Primary Registration District No. 5-6-33 Registered No. 18  
City Mt. Vernon (No. Missouri State Sanatorium) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Zella Nelson

(a) Residence, No. Williamsville, MO 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. 7 mos. 6 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1923

7. AGE YEARS 15 MONTHS 5 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STUDENT  
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) March 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Wayne County  
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Earl Nelson

14. BIRTHPLACE (CITY OR TOWN) Wayne County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Pearl Page

16. BIRTHPLACE (CITY OR TOWN) Wayne County  
(STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk  
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jasper, Mo. DATE Feb. 6, 1939

19. UNDERTAKER Yates Funeral Home  
(ADDRESS) Greenwell, Mo.

20. FILED Feb 5, 1939 P. A. Valverde (Address) Mt. Vernon, Mo.  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939, to Feb. 4, 1939

I last saw her alive on Feb. 3, 1939. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Pulmonary tuberculosis Date of onset Febr. 1938

Other contributory causes of importance:

Tuberculous pericarditis with effusion.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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?  
If so, specify \_\_\_\_\_

(Signed) C. E. Hallweg M. D.  
(Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-2-05

Date Filed MAR 6 1939