

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

10400
Do not use this space.

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.

RECD APR 18 1939

1. PLACE OF DEATH
 (a) County Carroll Registration District No. 138
 (b) Township Egypt Primary Registration District No. 4078 Registered No. 4
 (c) City Norborne (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John William Nelson
 (a) Residence, No. Norborne Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Mae Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co - Norton Com. Missouri

FATHER 13. NAME William Nelson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo.

MOTHER 15. MAIDEN NAME Kissiah Grant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Mo.

17. INFORMANT Mrs Wm Wagner
 (ADDRESS) Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE Mar. 24, 1939

19. FUNERAL DIRECTOR W. T. Stroud
 (ADDRESS) Norborne Mo

20. FILED Mar. 23, 1939 B. C. Cole
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1- 1939, to 3-22- 1939
 I last saw him alive on 3-22- 1939. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis Date of onset 2-1-39

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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) B. C. Cole, M. D.
 122 (Address) Norborne Mo

RECEIVED
District Health Officer No. 8,
District No. 11/5/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J. P. Stroud, Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. P. Stroud

Licensed Embalmer No. 2406

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)