

REC'D JUN 8 1939

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

17806
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 2 375
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2208
(c) City Kansas City, Missouri (d) Street No. 1332 Benton Boulevard St.
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Evangeline S. Nelson
(a) Residence, No. 1332 Benton Boulevard St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Nels T. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>3</u>	<u>18</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Rock Island Illinois

FATHER

13. NAME Samuel Auld
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Nels T. Nelson 1332 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Bennington, Kansas 5-29-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City, Missouri

20. FILED May 28 1939 M. M. Brome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22 - 1939, to May 27 - 1939
I last saw her alive on May 26 - 1939. Death is said to have occurred on the date stated above, at 4:30 am.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage with left sided hemiplegia
Date of onset 5-20-39

Other contributory causes of importance:
Cardiovascular general disease with hypertension

Name of operation none Date of _____
What test confirmed diagnosis chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. H. Miller M. D.
(Address) Independence, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.

*101 N. 1st St. ...
2-1-6
P. 2177*