

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

Do not use this space.

15404

**1. PLACE OF DEATH**

County Monteale  
Township Palmer  
City California (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 4335

File No. \_\_\_\_\_  
Registered No. 23 (Ward) \_\_\_\_\_

**2. FULL NAME**

George W. Nelson

(a) Residence No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 - 1956

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 2 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Salesman  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteale Co

10. NAME OF FATHER H. J. Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Sarah Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Mr E. R. Proctor  
(Address) California Mo

15. FILED April 29 Jan. Peth REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1959

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1958 to Apr 9 1959 that I last saw him alive on Apr 9 1959 and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Bronchitis  
Pneumonia  
1092  
(duration) yrs. mos. 4 da.  
CONTRIBUTORY Arteriosclerosis  
(SECONDARY) (duration) 7 yrs. 11 mos. 8 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHICH TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Dr. Buske Jr. M. D.  
California #10. 1959 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odd Fellows Cem DATE OF BURIAL 4/11 1959

20. UNDERTAKER Willeams & Friedman ADDRESS California

MAY 28 1929  
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.

