

OREGON STATE BOARD OF HEALTH CERTIFICATE OF DEATH

THE DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH **Home**
 County **Wasco**
 Township **Wasco**
 City **Wasco**

2 FULL NAME **Rudolphina Nellson**
 (a) Residence No. **102**
 (b) Death occurred in a hospital or institution, also in some interest of burial and cemetery **No**

3 SEX **Female**
 4 COLOR OR RACE **White**
 5 MARRIAGE STATUS **Married**
 6 DATE OF BIRTH (month, day, and year) **Feb. 19, 1880**

7 AGE **71** Years **8** Months **19** Days

8 OCCUPATION OF DECEASED **House wife**
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (for employer)
 (c) Name of employer
 9 PLACE OF BIRTH (city or town) **Denmark**
 (State or country)

10 NAME OF FATHER **Andreas Back**
 11 BIRTHPLACE OF FATHER (city or town) **Denmark**
 (State or country)
 12 NAME OF MOTHER **Beck**
 13 BIRTHPLACE OF MOTHER (city or town) **Beck**
 (State or country)

14 DECEASED **Wasco Oregon**
 (Address)
 15 DECEASED **Wasco Oregon**
 (Address)

16 DATE OF DEATH (month, day, and year) **Nov 13 1951**
 (If unknown, the day or town and date of funeral or burial, or date of death)
 17 TIME OF DEATH **10:30 AM**
 (If known, state hour, day, month, and year)
 18 CAUSE OF DEATH was as follows:
**Stroke - from unknown cause
 following a stroke of
 paralysis to add operation
 failure**
 19 WHERE WAS DISEASE CONTACTED **Home**
 If not at place of death?
 20 DID AN OPERATION PRECEDE DEATH? **No**
 Was there an autopsy? **No**
 What test confirmed diagnosis? **Clinical symptoms**
 (Signed) **D. H. Carson**
 21 PLACE OF BURIAL, CREMATION OR REMOVAL **Wasco Oregon**
 22 UNDERTAKER **Wasco Oregon**
 ADDRESS