

# Nelson Documents

This Certifies that

Ralph Chester Peugh  
of Cherryvale, Kansas and  
Lillian Brookie Nelson  
of Cherryvale, Kansas

were by me united in

**M**atrimony

according to the ordinance of GOD and the  
laws of Oklahoma

at Nowata Oklahoma

on the Eleventh day of November

in the year of our Lord 1936

Martin Andrew Klingberg  
Nowata Oklahoma

Witnesses

Jack C. Maples of Cherryvale, Kans.  
Mrs Martin A. Klingberg of Nowata, Okla.



11112

# Marriage License

and Certificate

Ralph C. Peugh

AND

Evelyn B. Nelson

Nowata County, Okla.

Issued November 11th 1936

Married November 11th 1936

License Recorded Nov. 13th 1936

on page 117 of Marriage Record 11

E. J. Deater

Court Clerk

By *Alta E. Brady*  
Deputy

STATE OF  
OKLAHOMA

NOWATA  
COUNTY  
IN COUNTY COURT

TO ANY PERSON AUTHORIZED TO PERFORM AND SOLEMNIZE THE MARRIAGE CEREMONY  
GREETING: You are hereby authorized to join in marriage

Mr. Ralph C. Peugh  
of Cherryvale, County of Montgomery, State of Kansas  
aged 22 years, and Miss Evelyn B. Nelson  
of Cherryvale County of Montgomery, State of Kansas  
aged 18 years. And of this License you will make due return to my office within thirty  
days from this date.

Witness my hand and official seal, at Nowata in said County  
this 11th day of November A. D. 19 36

E. J. Deater Court Clerk  
By *Ella E. Brady* Deputy

Recorded this 11th day of November 19 36

E. J. Deater Court Clerk  
By *Ella E. Brady* Deputy

CERTIFICATE OF MARRIAGE

State of Oklahoma, Nowata County, ss;

I, *Martin Andrew Klingberg*  
Minister  
OFFICIAL DESIGNATION  
First Presbyterian Church  
COURT OR CONGREGATION

of Nowata in Nowata County, State of Oklahoma, do here-  
by certify that I joined in marriage the persons named in and authorized by this License to be  
married, on the 11th day of November A. D. 1936, at *218 W. Delaware*  
*Nowata*

in Nowata County, State of Oklahoma, in the presence of  
*Joseph C. Peoples* of *Cherryvale, Kansas*  
and *Miss Martin G. Klingberg* of *Nowata, Okla.*

MY CREDENTIALS ARE RECORDED IN MINISTER'S CREDENTIALS

BOOK *Pub. Inv. 17* PAGE *558*

OF *Nowata* COUNTY, OKLAHOMA.

*Martin A. Klingberg*  
minister



# Tacoma - Pierce County Health Department

3629 South D Street  
Tacoma, Washington 98408

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF **Vital Statistics**  
CERTIFICATE OF DEATH

2976  
STATE FILE NUMBER

DSHS 9-150 (REV. 4-78)  
(MEA-195)  
TYPE: OR PRINT IN  
PERMANENT INK **D-1**

LOCAL FILE NUMBER

DECEASED - NAME 1 <b>DONALD NELSON</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3 <b>November 4, 1979</b>
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY) 4 <b>white</b>	AGE - LAST BIRTHDAY (YEARS) 5a <b>46</b>	UNDER 1 YEAR 5b <b>MO</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6 <b>May 19, 1933</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>Tacoma</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c <b>no</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d <b>811 Violet Meadow</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8 <b>Kansas</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 <b>Divorced</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11
SOCIAL SECURITY NUMBER 12 <b>511-26-4693</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a <b>Laborer</b>	KIND OF BUSINESS OR INDUSTRY 13b <b>Heavy construction industry</b>	
RESIDENCE - STATE 14a <b>Washington</b>	COUNTY 14b <b>Pierce</b>	CITY, TOWN, OR LOCATION 14c <b>Tacoma</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d <b>no</b>
FATHER - NAME 15 <b>John F. Nelson</b>		MOTHER - MAIDEN NAME 16 <b>Oda G. Thomas</b>	
INFORMANT - NAME 17a <b>Claude Blankenship (Brother-in-law)</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b <b>3590 So. D St., Tacoma, Washington 98408</b>	
PART I. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE (a) <b>Probable coronary occlusion</b> DUE TO OR AS A CONSEQUENCE OF			<b>Sudden</b>
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) DUE TO OR AS A CONSEQUENCE OF			
(c)			
PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a <b>no</b>
			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a	DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOUR 20c <b>M 200</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II ITEM 18) 20d
INJURY AT WORK (SPECIFY YES OR NO) 20e	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY) 20f	LOCATION 20g	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION - PHYSICIAN: 21a I ATTENDED THE DECEASED FROM	21b	21c	21d DID NOT VIEW THE BODY AFTER DEATH
CERTIFICATION - CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a <b>DEATH WITHOUT MEDICAL ATTENDANCE</b>			21e DEATH OCCURRED (HOUR) <b>10:05 A M.</b>
CERTIFIER - NAME (TYPE OR PRINT) 23a <b>Jack Davelaar, Coroner</b>			21f
MAILING ADDRESS - CERTIFIER 23b <b>3629 So. D St., Tacoma Washington</b>	SIGNATURE 23c <i>Jack Davelaar</i>	TITLE 23d <b>Coroner</b>	DATE SIGNED (MONTH, DAY, YEAR) 23e <b>11-5-79</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a <b>Removal</b>	CEMETERY OR CREMATORY - NAME 24b <b>Wayne Darling Funeral Home</b>	LOCATION 24c <b>Cherryvale, Kansas</b>	
DATE (MONTH, DAY, YEAR) 24d <b>November 6, 1979</b>	FUNERAL HOME - NAME AND ADDRESS 24e <b>Mountain View Funeral Home, 4100 Steilacoom Blvd., S.W., Tacoma, Washington 98499</b>		
FUNERAL DIRECTOR - SIGNATURE 25a <i>[Signature]</i>	REGISTRAR - SIGNATURE 25b <i>W. Vanman</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c <b>NOV 6 1979</b>	

I HEREBY CERTIFY that this is a true, full and correct copy of the original certificate on file in this office, AS LONG AS THE CENTER SEAL AND THIS CERTIFICATE ARE PRINTED IN RED.

*W. Vanman*  
Chief Deputy Registrar of Vital Statistics  
City of Tacoma and Pierce County  
By *A. Falk*

JAN 11 1980



# Tacoma - Pierce County Health Department

3629 South D Street  
Tacoma, Washington 98408

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF ~~Vital Statistics~~ **Public Health**  
CERTIFICATE OF DEATH

2976  
STATE FILE NUMBER

SI 9-150 (REV. 4-78)  
A-195  
E. OR PRINT IN  
PERMANENT INK

D-1 LOCAL FILE NUMBER

1 DECEASED - NAME <b>DONALD NELSON</b>		2 SEX <b>Male</b>	3 DATE OF DEATH (MONTH, DAY, YEAR) <b>November 4, 1979</b>
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) <b>white</b>	5a AGE - LAST BIRTHDAY (YEARS) MOS. DAYS <b>46</b>	5b UNDER 1 YEAR MOS. DAYS	5c UNDER 1 DAY HOURS MIN.
6 CITY, TOWN OR LOCATION OF DEATH <b>Tacoma</b>	7a INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>no</b>	7b HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>811 Violet Meadow</b>	7c COUNTY OF DEATH <b>Pierce</b>
7d STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Kansas</b>	8 U.S. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Divorced</b>	10 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
11 SOCIAL SECURITY NUMBER <b>511-26-4693</b>	12 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Laborer</b>	13 KIND OF BUSINESS OR INDUSTRY <b>Heavy construction industry</b>	
14a RESIDENCE - STATE <b>Washington</b>	14b COUNTY <b>Pierce</b>	14c CITY, TOWN, OR LOCATION <b>Tacoma</b>	14d INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>no</b>
14e STREET AND NUMBER <b>811 Violet Meadow</b>	15 FATHER - NAME FIRST MIDDLE LAST <b>John F. Nelson</b>	16 MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Oda G. Thomas</b>	
17a INFORMANT - NAME <b>Claude Blankenship (Brother-in-law)</b>	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>3590 So. D St., Tacoma, Washington 98408</b>		
18 PART I DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Probable coronary occlusion</b>			<b>Sudden</b>
DUE TO OR AS A CONSEQUENCE OF (b)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)			
PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a <b>no</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b			
20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b DATE OF INJURY (MONTH, DAY, YEAR)	20c HOUR <b>M 200</b>	20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II ITEM 18)
20e INJURY AT WORK (SPECIFY YES OR NO)	20f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a CERTIFICATION - PHYSICIAN I ATTENDED THE DECEASED FROM	21b MONTH DAY YEAR	21c MONTH DAY YEAR	21d AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21e DEATH WITHOUT MEDICAL ATTENDANCE		21f I DID NOT VIEW THE BODY AFTER DEATH	21g DEATH OCCURRED (HOUR)
21h CERTIFICATION - CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN MY OPINION, DEATH OCCURRED ON THE DATE AND GIVE TO THE CAUSE(S) STATED		21i HOUR OF DEATH <b>9:15 AM</b>	21j THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR <b>11-4-1979</b>
22a CERTIFIER - NAME (TYPE OR PRINT) <b>Jack Davelaar, Coroner</b>	22b SIGNATURE <i>Jack Davelaar</i>	22c OFFICE OR TITLE <b>Coroner</b>	22d DATE SIGNED (MONTH, DAY, YEAR) <b>11-5-79</b>
23a MAILING ADDRESS - CERTIFIER <b>3629 So. D St., Tacoma, Washington</b>	23b STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP <b>811 Violet Meadow, Tacoma, Washington 98408</b>	23c CITY OR TOWN, STATE, ZIP <b>98408</b>	
24a BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Removal</b>	24b CEMETERY OR CREMATORY NAME <b>Wayne Darling Funeral Home</b>	24c LOCATION (CITY OR TOWN, STATE) <b>Cherryvale, Kansas</b>	
24d DATE (MONTH, DAY, YEAR) <b>November 6, 1979</b>	24e FUNERAL HOME - NAME AND ADDRESS <b>Mountain View Funeral Home, 4100 Stellacoom Blvd., S.W., 98499</b>	24f STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP <b>Tacoma, Washington</b>	
25a FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>	25b REGISTRAR - SIGNATURE <i>[Signature]</i>	25c DATE RECEIVED BY LOCAL REGISTRAR <b>NOV 6 1979</b>	

I HEREBY CERTIFY that this is a true, full and correct copy of the original certificate on file in this office, AS LONG AS THE CENTER SEAL AND THIS CERTIFICATE ARE PRINTED IN RED.

*W. Herman M. Hall*  
Chief Deputy Registrar of Vital Statistics  
City of Tacoma and Pierce County  
By *A. Falk*

JAN 11 1980



A TRIBUTE  
published in the pages of  
THE TACOMA NEWS TRIBUNE  
TACOMA, WASHINGTON  
NOV 7 1979

*Memorial Obituary*

*Entered Into Eternal Rest  
Sunday, Nov. 4, 1979*

**Donald Nelson**

Survivors of Donald Nelson, 46, of 811 Violet Meadow Road, include five sisters, Mrs. Hiram (Mabel) Wilson of Pinehurst, Idaho, Mrs. Jewel (Dora) Ketcham and Mrs. Ralph (Evelyn) Peugh, both of Cherryvale, Kan., Mrs. William (Alberta) Holt of Dumas, Texas, and Mrs. Claude (Virginia) Blankenship of Tacoma.

Mr. Nelson died Sunday of natural causes, not as result of an automobile accident as previously reported.

*SERVICES OF REMEMBRANCE*

2:00 P.M., Thursday, September 26, 1996

POTTS CHAPEL  
Cherryvale, Kansas

*OFFICIATING*

Reverend Gary Jackson  
of the  
Bible Holiness Church  
Cherryvale, Kansas

*ORGANIST*

Mrs. Robert Cottom

*VOCALISTS*

Reverend and Mrs. Gary Jackson

*MUSICAL MEDITATIONS*

Precious Memories  
In The Garden

*IN MEMORY OF*

*Ralph C. Peugh, Sr.*

*Born*

July 23, 1914  
Stone County, Missouri

*Entered Rest*

September 23, 1996  
Cherryvale, Kansas

*MASONIC RITES CONDUCTED BY*

Masonic Lodge No. 137 A.F. & A.M.  
Cherryvale, Kansas

*PRIVATE INURNMENT*

Fairview Cemetery  
Cherryvale, Kansas

*Services Under The Direction of*  
POTTS CHAPEL



## Walter 'Boots' Nelson

LEBANON — Walter F. "Boots" Nelson of Lebanon died Wednesday at Lebanon Community Hospital. He was 77.

Born Dec. 28, 1910, in Cherryvale, Kan., Nelson lived in Kellogg, Idaho and Winston before moving to Lebanon in February of this year.

He served in the U.S. Army in World War II, and took part in the Battle of the Bulge.

While in Idaho he worked as a maintenance carpenter for area Zinc plants. In Winston he built his home, where he lived until entering a nursing home. In the late 1960s he also built the Winston Full Gospel Tabernacle, under the leadership of the Rev. Obed Marks.

He married Jennie Fosnight May 10, 1941, in Cherryvale. She survives.

Surviving besides his wife are son Vance Nelson of Lebanon; daughters Janet Harpel of Clatskanie, and Gail Scott of Reno, Nev.; brother Norman Nelson of Wichita, Kan.; sisters Evelyn Peugh and Dora Ketcham both of Cherryvale, Kan., and Alberta Holt of Dumas, Texas, and 13 grandchildren.

The funeral will be at 1 p.m. Saturday at Jost Funeral Home with Pastor Garland Rogers officiating. Private Burial will be at the Lebanon Odd Fellows Cemetery.

Memorials can be made to the Lebanon First Assembly of God Church.



## Jennie V. Nelson

LEBANON — Jennie V. Nelson, 65, of Lebanon, died Sunday at a local nursing home.

She was born Sept. 17, 1923, in Climax, Kan. She moved to Winston in 1966 from Kellogg, Idaho.

She married Walter F. Nelson May 10, 1941, in Cherryvale, Kan., he died Sept. 14, 1988. She moved to Lebanon in 1988.

Active in her church, The Full Gospel Tabernacle in Winston, Mrs. Nelson was organist and choir director. She had also served as accompanist for Sunday services at a Lebanon nursing home.

Surviving are son Vance of Lebanon; daughters Janet Harpel of Clatskanie,

and Gail Scott of Reno, Nev.; and 13 grandchildren. Two sisters died before her.

Her funeral will be at 10 a.m. Thursday at the Jost Funeral Home with Pastor Garland Rogers officiating. Burial will be at the Lebanon Odd Fellows Cemetery.

Memorials can be made to the Lebanon First Assembly of God Church.



Son of John Franklin  
Nelson and  
Oda Gladys Thompson