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

Do not use this space.

MAR 22 1932

1. PLACE OF DEATH

33

County.... Dent

Township.... Texas

City.... (No.

Registration District No.... 1035

Primary Registration District No.... 5372

File No.... 4223

Registered No.... 4

St.... Ward)

2. FULL NAME William I. Nickles

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	3 MEDICAL CERTIFICATE OF DEATH

3. SEX male

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 Louisa Woodward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1861

7. AGE YEARS 70 MONTHS 7 DAYS 27 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.... Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).... Dent Co
(STATE OR COUNTRY).... Mo

10. NAME OF FATHER Riley Nichóles

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

12. MAIDEN NAME OF MOTHER --Robinet

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

14. INFORMANT James Riley Nickles
(Address) Salem Mo

15. FILED 2/8 19 32 J. A. Kusock REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 22, 1932 that I last saw him alive on Jan 16, 1932, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis & arterial Schlerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?.... DATE OF....

WAS THERE AN AUTOPSY?....

WHAT TEST CONFIRMED DIAGNOSIS?....

(Signed) Leslie Kendall, M.D.
Feb 11, 1932 (Address) Licking Mo

*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 Mt Herman Cem

DATE OF BURIAL 2/9 1932

20. UNDERTAKER Carl K Spencer

ADDRESS Salem Mo