

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.

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

Do not use this space.

36102

JAN 23 1934
33

1. PLACE OF DEATH
County Dent

Township Current

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME John Thomas Nichols

(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. 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

Susie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1966

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

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) Dent Co.

FATHER

13. NAME

Jonathon Riley Nichols

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

--

MOTHER

15. MAIDEN NAME

Nancy Robinett

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

--

17. INFORMANT Robert R. Johnson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

t. Hermon Cem

DATE

Nov. 1st 1933

19. UNDERTAKER Carl K. Spencer
(ADDRESS)

20. FILED 12/16, 1933 J. A. Kiscock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Sep-15, 1933, to Nov 14, 1933

I last saw him alive on Nov 6, 1933. Death is said

to have occurred on the date stated above, at 9 Pm.

The principal cause of death and related causes of importance are as follows:

acute Myocarditis Date of onset Nov 4, 33

93A
106A

Other contributory causes of importance:

acute Bronchitis 1931

Name of operation None Date of Nov 14, 33

What test confirmed diagnosis? Usual signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 14, 33

Where did injury occur? Ind

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

