

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**

PLACE OF DEATH
County Callaway
Township Calup
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 109 File No. 432
Primary Registration District No. 6158 Registered No. 24

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Robert Taylor Nichols

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Widower WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH June 10, 1833
(Month) (Day) (Year)

AGE 79 yrs. 6 mos. 20 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) J-O-P

BIRTHPLACE (City or town, State or foreign country) Boone Co Mo

PARENTS
NAME OF FATHER Robert Taylor Nichols
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oliver Nichols

(ADDRESS) New Bloomfield Mo

Filed Jan 7, 1913 John A. Burt M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 24, 1912, to Dec 30, 1912 that I last saw him alive on Dec 29, 1912 and that death occurred, on the date stated above, at 9:25 p.m.

The CAUSE OF DEATH* was as follows:
Peritonitis
106D
162
(Duration) Two weeks yrs. ____ mos. ____ ds.

Contributory Allyage
(SECONDARY) (Duration) yrs. ____ mos. ____ ds.
(Signed) Emmett Kunk M.D.
Dec 30, 1912 (Address) New Bloomfield Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?
Former or usual residence at

PLACE OF BURIAL OR REMOVAL New Bloomfield Mo DATE OF BURIAL Jan 1, 1913

UNDERTAKER Ray Hook ADDRESS New Bloomfield Mo

