

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

Do not use this space.

✓ 36401^a

1. PLACE OF DEATH

County Hamilton
Township Grandover
City..... (No.....)

Registration District No. 251
Primary Registration District No. 5350

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME Mary Wianeta Nickel

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>		<u>3</u>	<u>19</u>	

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

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

10. NAME OF FATHER W. N. Nickel

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

12. MAIDEN NAME OF MOTHER Elizabeth

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

14. INFORMANT Mrs W N Nickel
(Address) Gamble or

15. FILED..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/3 1927

17. I HEREBY CERTIFY, That I attended deceased from 3rd 1927, to 12/3 1927, and that I last saw him alive on 12/3 1927, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
undetermined

83
84
(duration)..... yrs. mos. da.

CONTRIBUTORY (SECONDARY) Mental Deficiency and epileptic
(duration) 10 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

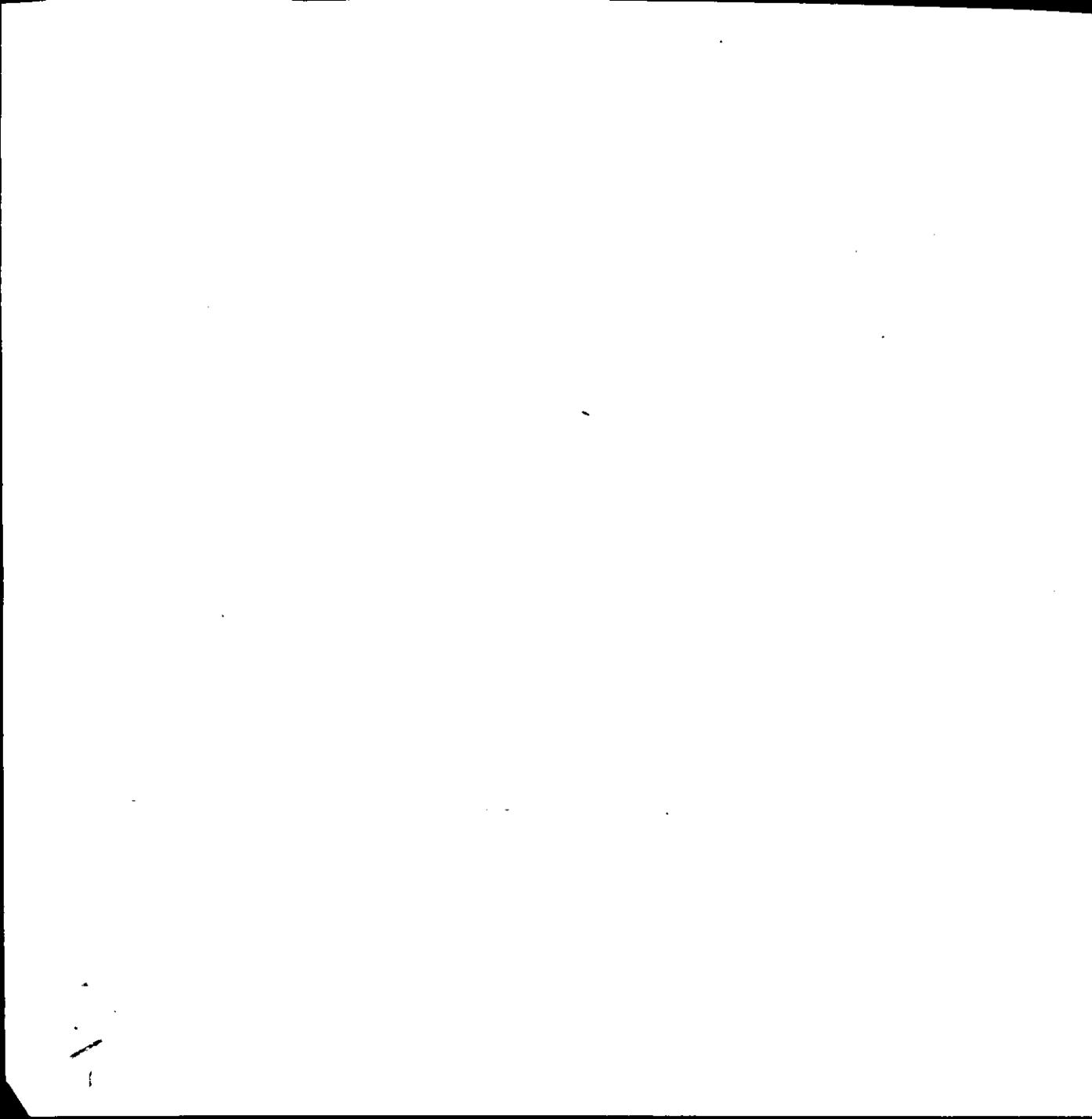
WHAT TEST CONFIRMED DIAGNOSIS?..... (Signed)....., M. D.
, 19 (Address).....

*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 Pilot Grove No 2 DATE OF BURIAL Dec 4 1927

20. UNDERTAKER H. H. Nelson ADDRESS Davenport

PARENTS



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oaviness Registration District No. 251 File No.
Township Grandriver Primary Registration District No. 5350 Registered No.
City (No.) St. Ward)

2. FULL NAME

Mary Wanda Nickel

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo -

10. NAME OF FATHER W. N. Nickel

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

12. MAIDEN NAME OF MOTHER Estie May Scott

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

14. INFORMANT (Address) Ms. W. N. Nickel
Jamesport

15. FILED 4/3-1928 R. M. Helzel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3- 19 27

17. I HEREBY CERTIFY That I attended deceased from 19..... 19.....
that I last saw h. alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
undetermined

CONTRIBUTORY (duration) yrs. mos. ds. mental
(SECONDARY) and
Epileptic (duration) 10 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH, DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature], M. D.
, 19 1927 (Address)

*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 DATE OF BURIAL
Pilot Grove, mo - Dec 4 19 27

20. UNDERTAKER ADDRESS
H. H. Roberson Jamesport

COPIES WILL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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