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

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 3 99 — File No.: 4911
Township: Kaw — Primary Registration District No.: — Registered No.: 507
City: Kansas City (No. 3426 Kenwood St. Ward)

2. FULL NAME: Lura Hall Nichols
(a) Residence. No. 3426 Kenwood St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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: John Monroe Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feby. 20 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
48	~~8~~ 11	~~16~~ 18	

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

9. BIRTHPLACE (CITY OR TOWN): Tarkio
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Morris H. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Shelby Co.
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Drucilla Herring
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Niantic
(STATE OR COUNTRY): Illinois

14. INFORMANT: John Monroe Nichols
(Address): 3426 Kenwood

15. FILED: 2/8, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1926 to Feb 8 1928 that I last saw her alive on Feb. 6 1928, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomatosis
(Oryzmalung in Rectum)
46D
45
(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? observation
(Signed) Franklin E. Murphy, M. D
Feby 8, 1928 (Address) Franklin E. Murphy

*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: Tarkio, Mo — DATE OF ~~BURIAL~~: 2-9-1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

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.