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

Do not use this space.

File No. 4955
Registered No. 614

1. PLACE OF DEATH

County: Jackson
Township: Cas
City: Kansas City, Mo. (No. 53rd & Highland Ave. St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Margaret Nicholson

(a) Residence. No. 53rd & Highland St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Home for the aged 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*): single

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

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

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Excelsior, Iowa
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Joseph Nicholson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mellina Birmka
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Sr. Marian Augusta, asst. Little Sisters
(Address) 53rd & Highland Ave. Kc Mo

15. FILED 2-11, 19 28 M M Corbett Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-7, 1928, to 2-9, 1928, that I last saw h. alive on 2-7-28, 1928, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(a) Chronic Myocarditis & endocarditis
92B
93C
Renal x (duration) ..... 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? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? P. E.
(Signed) A. Bach-Rouit, M.D.
2/10, 1928 (Address) 1034 Argyle Rec

*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 St Mary's
DATE OF BURIAL: Feb 10 1928.

20. UNDERTAKER: Quirk & Tobin Co
ADDRESS: City.

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.