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

Do not use this space.

7980

File No. .....

Registered No. 13

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5-127

City St Joseph (No. Kirschners Addition Ward)

2. FULL NAME Dean B Nichols

(a) Residence. No. Kirschners Addition 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 3 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	1	4	

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) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Lloyd J Nichols

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

12. MAIDEN NAME OF MOTHER Ella Mae Lisle

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

14. INFORMANT Lloyd Nichols
(Address) Kirschners Addition

15. FILED 3-9 1928 J J Sandoe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1928, to March 7, 1928 that I last saw h. alive on March 7, 1928, and that death occurred, on the date stated above, at 9:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Morbus coeruleus

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Premature birth

(duration) yrs. 1 mos. 4 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? Clinical

(Signed) H D Wright, M. D

3-9, 1928 (Address) 845 So 19 St. Jos. Mo.

*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
Mt Auburn Cemetery	Mar 9 1928

20. UNDERTAKER E R Eidenfaden — ADDRESS 602 So 10

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.

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