

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.).....

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No..... (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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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).....

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY).....

14. INFORMANT

(Address).....

15. FILED

FILED.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY That I attended deceased from May 22, 1928, to June 3, 1928, that I last saw him alive on June 3, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

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) Henry C. Westerman, M.D.

(Address) City Hospital

*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

20. UNDERTAKER

ADDRESS

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

PLACE OF DEATH.

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. *6027*
 (No. *City of St. Louis*) St. Ward)

FULL NAME *William F. Nichol*
 (a) Residence. No..... St., Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 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

SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 10. 1900*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28. 45 24

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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT *Nora B. Nichols*
 (Address) *1432 A Dolman*

15. FILED *Jan 22 1901* *May L. Starkloff*
 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 31 1901*

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

19

LICENSE NO. 102328

Certificate of Marriage

William F. Nichols

TO

Nora B. Strauser

Filed for record at 10 o'clock A.M., Sep 10, 1925

William S. Lail

CLERK AND RECORDER.

I, Walter E. White, a Justice of the Peace

residing at Denver, in the County of Denver, in the State of Colorado, do certify

that in accordance with the authority on me conferred by the above license,

I did, on this 26th day of August, in the year

A. D. 1925, at Denver, in the County of Denver, in the State of Colorado,

solemnize the rites of matrimony between William F. Nichols

of Denver in the County of Denver of

the State of Colorado, and Nora B. Strauser

of Denver, of the County of Denver, of

the State of Colorado, in the presence of Chester O. Ball

and Al Lynch

Witness my hand and seal at the County aforesaid this 26th

day of August, A. D. 1925

Walter E. White [SEAL]

Address Justice of the Peace

SIGNED IN PRESENCE OF

Chester O. Ball

Al Lynch

STATE OF COLORADO,
CITY AND COUNTY OF DENVER,

SS.

I, Albert C. Monson

Clerk and Recorder in and for said City and County, in the State aforesaid, do hereby certify that the above and foregoing is a true, correct and complete transcript and copy from the records of my office, as the same appears in Book

400, at page 28

WITNESS my hand and official seal this 8th day of February, 19 32

Albert C. Monson

CLERK AND RECORDER.

By

DEPUTY.