

22 1928

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

Do not use this space.

29605

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.

1. PLACE OF DEATH
 County Andrew Registration District No. 9 File No. 34
 Township Benton Primary Registration District No. 5012C Registered No. 9
 City..... (No.....) St. Ward)

2. FULL NAME Golda A. Nichols
 (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. 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) July 3 - 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>33</u>	<u>2</u>	<u>23</u>		

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) Benton Township
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Sherman Nichols

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

12. MAIDEN NAME OF MOTHER Anna Cagg

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

14. INFORMANT Sherman Nichols
 (Address) Rosendale Mo

15. FILED Oct 11 1928 J. W. Lamm
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1928 to Sept 26 1928
 that I last saw her alive on Sept 26 1928, and that death occurred, on the date stated above, at 7:25 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute myocardial infarction
32A (duration) yrs. mos. ds.
32A

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) J. P. Milligan, M. D.
Sept 28 1928 (Address) Rosendale 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 Bennett Lane DATE OF BURIAL Sept 30 1928
 20. UNDERTAKER L. C. Breit ADDRESS Savannah Mo

