

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

Do not use this space.

31654

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo (No. 11)

Registration District No. 781  
Primary Registration District No. 1000

File No.....  
Registered No. 8879  
St. .... Ward)

**2. FULL NAME**

Albert A. Nicol

(a) Residence. No. 5-351 Delmar St. 12 Ward. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>69</u>	<u>9</u>	<u>6</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired (Chamber)  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

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

10. NAME OF FATHER Josiah Nicol

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

12. MAIDEN NAME OF MOTHER Margaret Hixon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morning Sun, Iowa  
(STATE OR COUNTRY)

14. INFORMANT Wilmoth Haller  
(Address) 5351 Delmar Blvd.

15. FILED May 11 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1921 to Sept 2, 1928 that I last saw him alive on Sept 2, 1928, and that death occurred, on the date stated above, at 6:40 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

516 Cancer of Bladder  
(duration)..... yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) 49  
(duration)..... yrs. .... mos. .... da.

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

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WHAT TEST CONFIRMED DIAGNOSIS. D. F. Rice, M. D.  
(Signed) 7/3, 1928 (Address) Liber Bldg

\*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 Kansas City Mo. DATE OF BURIAL Sept 3 1928  
20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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

