

JAN 23 1929

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

Do not use this space.

41311

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township Jasper Primary Registration District No. 2002 Registered No. 336  
City Joplin, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Hayes Nicolson  
(a) Residence No. 615 Glenwood Ave 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 3 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Joplin, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Clyde Wallace Hoaglin

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

12. MAIDEN NAME OF MOTHER Buneth Johannes

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

14. INFORMANT Clyde H. Nicolson  
(Address) 615 Glenwood

15. FILED 12-17, 1928 Deas Clark  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1928

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
Dec. 7, 1928, to Dec. 15, 1928  
that I last saw deceased alive on Dec. 15, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Streptococcus meningitis  
89 13  
700 (duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY) Mastoid Operation  
(duration) yrs. mos. 2 da.

18. WHERE DISEASE CONTRACTED 860  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) D. Mitchell Greag, M. D.  
Joplin, Mo. (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 Mount Hope DATE OF BURIAL Dec. 17 1928

20. UNDERTAKER Frank Siervo ADDRESS Joplin Mo

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.

