

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

Do not use this space.

43004

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. St. Lukes Hospital)

File No.....  
Registered No. **12279**  
St. .... Ward)

**2. FULL NAME**

Loren-Nichols  
(a) Residence. No. 6029 Washington St. 5 Ward. .... (If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-24-1905</u>		
7. AGE	YEARS	MONTHS
	<u>23</u>	<u>3</u>
		DAYS
		<u>21</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>School Teacher</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Harrison School</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>		
PARENTS	10. NAME OF FATHER <u>C. Bayard Nichols</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Easton</u> (STATE OR COUNTRY) <u>Maryland</u>	
	12. MAIDEN NAME OF MOTHER <u>Bella Williams</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Easton</u> (STATE OR COUNTRY) <u>Maryland</u>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at 9 P.M.

18A THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gunshot wound of head

CONTRIBUTORY (SECONDARY) not ascertained

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

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

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Thos V Dever M.D.  
12/17/28 (Address) Coroner

\*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 Easton Maryland DATE OF BURIAL Dec. 18 1928

20. UNDERTAKER Alexander & Sons ADDRESS 16175 F. Street

14. INFORMANT C. Bayard Nichols  
(Address) 6029 Washington Ave

15. FILED 17 1928 Max E. Stahl REGISTRAR

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

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

