

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

10986938

1. PLACE OF DEATH

County Jackson Registration District No. 100
Township Paul Primary Registration District No. 100
City Kansas City (No. Mary Hospital) St. _____ Ward _____

File No. _____
Registered No. 1097
St. _____ Ward _____

2. FULL NAME

Ira Nicholson
(a) Residence No. 900 N Delaware St. Snaps Mo. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 20 1928</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>0</u>	DAYS <u>5</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Independence
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Charles Nicholson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pleasant Hill
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Ada Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Jackson Co
(STATE OR COUNTRY) Missouri

14.

INFORMANT Mrs Ada Cox
(Address) Independence Mo

15.

FILED 3/26 29 M. D. Car REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 26 1929
17. I HEREBY CERTIFY, That I attended deceased from 3-19, 1929, to Mar. 25, 1929 that I last saw him alive on Mar. 25, 1929, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

7 (duration) _____ yrs. _____ mos. 10 ds.
CONTRIBUTORY Measles
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr. C. J. Eldridge, M. D.
3/26 1929 (Address) 711 Lathrop K.C. 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

Mound Grove Cem DATE OF BURIAL 3-26 1929

20. UNDERTAKER

W. P. Carson ADDRESS Independence Mo

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.

