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

Do not use this space.

13838

1. PLACE OF DEATH
County: Boone — Registration District No.: 73 — File No.: 106
Township: Columbia — Primary Registration District No.: 3006 — Registered No.:
City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Lovie Lee Nicholson

(a) Residence. No. 1106 Locust St., ... 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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~~: Viola Nicholson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2 - 1868

7. AGE: Years 61 — Months 3 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): State Dairy Farm
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Boone Co

PARENTS

10. NAME OF FATHER: Wilson Nicholson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Dora Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Dana Brown

14. INFORMANT: Homer Clinton Nicholson
(Address): 1212 E. Walnut.

15. FILED: Apr 8, 1929 Beatrice Grimes, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1929, to Apr 5, 1929, that I last saw ~~him~~ alive on Apr 1st, 1929, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza followed by Pleurisy — Mitral Regurgitation of Heart, (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lloyd Simpson, M. D
4-6, 1929 (Address) Columbia 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: New Providence — DATE OF BURIAL: April 8 1929
20. UNDERTAKER: R. A. Wilcox — ADDRESS: Columbia

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 INDIAN INK—THIS IS A PERMANENT RECORD