

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

Do not use this space.

14040

PLACE OF DEATH

County Callaway
Township Fulton
City Fulton

Registration District No. 104
Primary Registration District No. 3004

File No. _____
Registered No. 83
St. _____ Ward) _____

2. FULL NAME

Wm H. Nichols

(a) Residence. No. Callaway Co. Infirmary 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 + 4 —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT Hospital Records
(Address) Fulton State Hospital

15. FILED Apr 15 1929 REGISTRAR R. N. Crews

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 - 1929

17. I HEREBY CERTIFY That I attended deceased from April 10, 1929, to April 14, 1929, that I last saw him alive on April 14, 1929, and that death occurred, on the date stated above, at 11:5 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma
Hemorrhage from a
large cancer on left side of body
originating in the skin but later
involving deeper structures.
-CONTRIBUTORY Psychosis with mental deficiency
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Callaway Co. Infirmary

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical course
(Signed) T. R. Frazer, M. D.

4-14-1929 (Address) Fulton State Hospital

*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 DATE OF BURIAL

Richsoil, Mo 19

20. UNDERTAKER ADDRESS

Armstrong Taylor S. Fulton, 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.

