

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

Do not use this space.

29352  
8517

**1. PLACE OF DEATH**

County..... Registration District No. 08  
Township..... Primary Registration District No.  
City, St. Louis (No. 1129 N. Channing St. Ar Ward)

**2. FULL NAME**

Amelia Nichols  
(a) Residence. No. 1129 N. Channing St. Ar 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female  
4. COLOR OR RACE colored  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 - 6  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work house work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16<sup>th</sup> 1929  
17. I HEREBY CERTIFY, That I attended deceased from Aug 10<sup>th</sup> 1929 to Aug 16<sup>th</sup> 1929 that I last saw her alive on Aug 11<sup>th</sup> 1929 and that death occurred, on the date stated above, at 8 m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
1st  
unknown (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala  
10. NAME OF FATHER Mose James  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ala  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS? J. M. Brown M. D.  
(Signed) J. M. Brown  
Aug 19, 1929 (Address) 492 N. Jefferson

14. INFORMANT Amelia Cannon  
(Address) 1129 N. Channing  
15. FILED 1129 N. Channing 19 Aug 19 1929 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Columbus Miss. DATE OF BURIAL Aug 20 1929  
20. UNDERTAKER Reverent - son ADDRESS 2900 Wash

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.

