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

Do not use this space.

29876

1. PLACE OF DEATH

County: Vernon
Township: Washington
City: Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. .....
Registered No. 204

2. FULL NAME Margaret Nicolai

(a) Residence. No. St Harp No 3 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	52	DK	DK.	

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

9. BIRTHPLACE (CITY OR TOWN) Curryville Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jim Grafford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) ?
12. MAIDEN NAME OF MOTHER ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) ?

14. INFORMANT [illegible]
(Address)

15. FILED 9-4, 1929 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1928, to Aug 19, 1929 that I last saw her alive on Aug 19, 19..., and that death occurred, on the date stated above, at 5:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General paralysis of the insane
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Syphilis
(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? Serological & physical finding
(Signed) H L Martin, M. D
Aug 20, 1929 (Address) Nevada 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 [illegible] DATE OF BURIAL 8-27 1929

20. UNDERTAKER [illegible] ADDRESS [illegible]