

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

Do not use this space.

39668

1. PLACE OF DEATH

County Boone
Township Ada
City Boone (No. _____)

Registration District No. 71
Primary Registration District No. 5710A

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Dorothy Henry Nichols
(a) Residence. No. Westland Mo. R.F.D. 1 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Mae Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8 18

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

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

10. NAME OF FATHER James Nichols

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elijah Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Mr. Ida Mae Nichols
(Address) Westland Mo. R.F.D. 1

15. FILED Dec 20 1929 A. J. Nichols
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1925, to Dec 19, 1929 that I last saw him alive on Dec 17 at 5:00 P. m., and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Artic Dimplicency
131
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY Chronic nephritis
(SECONDARY)
(duration) 2 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) H. B. Fryer M. D.

13. 19. 1929 (Address) Westland 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 Salem DATE OF BURIAL Dec 21 1929

20. UNDERTAKER B. B. Baker 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.

