APR 30 1930

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

Do not use this space.

9479

1. PLACE OF DEATH

County Maries — Registration District No. 542 — File No. 19—

Township Jackson — Primary Registration District No. 5731— — Registered No. 3

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah Nichols

(a) Residence. No. Near Vienna Mo 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. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Leo N. Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5-12-1854

7. AGE: Years 75 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home—

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) [redacted] (STATE OR COUNTRY) Osage Co-Mo

PARENTS

10. NAME OF FATHER: Lytle Lambeth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.C. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Sallie Copeland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

14. INFORMANT: Grover Miles

(Address) Vienna Mo

15. Filed March 31 30 — Koenig W Eads, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 14th 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to March 14, 1930, that I last saw h.e.r. alive on Mar. 8, 1930, and that death occurred, on the date stated above, at 5:00 P.M. ×

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valular disease

Mitral regurgitation

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(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? .....

(Signed) W. L. Von Gremp, M. D

March 14, 1930 (Address) Iberia 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: Lambeth Cemetery — DATE OF BURIAL: 3/16 1930

20. UNDERTAKER: Fred H Gilbert — ADDRESS: Dixon Mo