

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

Do not use this space.

11665

**1. PLACE OF DEATH**

County Boone  
Township Cedar  
City (No. ....) .....

Registration District No. 71  
Primary Registration District No. 5110A

File No. ....  
Registered No. 18  
St. .... Ward)

**2. FULL NAME**

Beckie E. Nichols

(a) Residence. No. .... 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 Male 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 Sallie Nichols (Dec)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
83 2

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

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

10. NAME OF FATHER Deut Know

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

12. MAIDEN NAME OF MOTHER Liza Fortin

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

14. INFORMANT Bess Nichols (Address) Asheard

15. FILED 4/14 19 30 A. J. Nichols REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 19 30

17. I HEREBY CERTIFY, That I attended deceased from Apr 5 1930 to Apr 13 1930 that I last saw h. in alive on Apr 13 1930 and that death occurred, on the date stated above, at 9 30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia

CONTRIBUTORY (SECONDARY) Influenza (duration) .... yrs. .... mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPT? no

WHAT TEST CONFIRMED DIAGNOSIS Physical  
(Signed) A. J. Nichols M. D.

4/13 19 30 (Address) Asheard 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 Liberty DATE OF BURIAL 4-16 19 30

20. UNDERTAKER Wickett ADDRESS Columbia Mo

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.

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