

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

Do not use this space.

12601

1. PLACE OF DEATH

County Jackson
Township Plant
City Kansas City

Registration District No. 398
Primary Registration District No. 3

File No. _____
Registered No. 1527
St. 4 Ward 1527

2. FULL NAME

(a) Residence No. 2547 Street ave St. 4 Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Nellie M. Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Meat cutter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Addison Nichols

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Nellie M. Nichols
(Address) 2547 Street ave.

15. FILED 4/7 19 30 M. M. Caspe REGISTRAR
Caspe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 1929 to April 7, 1930
that I last saw him alive on April 7, 1930, and that death occurred, on the date stated above, at 1240 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Low Motor Vehicle -

80

CONTRIBUTORY (SECONDARY)

72

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?

(Signed) Clarence S. Appel, M. D.
4/6 19 30 (Address) 1137 Thatto K.P.M.V.

*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

Forest Hill

DATE OF BURIAL

4-8 1930

20. UNDERTAKER

W. W. Newcomb's Sons

ADDRESS

K.C. 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.

THIS IS A PERMANENT RECORD

