

MUN 1930

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

Do not use this space.

15459

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City (No.) (No.) St. Ward)

Registration District No. 89
Primary Registration District No. 5431

File No.
Registered No. 91

2. FULL NAME Annie Nichols

(a) Residence. No. Kellytown Poplar Bluff, Mo. 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) X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 N. N. Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 21, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 5 25

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER J. M. Wells

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT N. N. Nichols
(Address) Kellytown, Poplar Bluff, Mo.

15. FILED 5/19 30 D. J. Clem REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8:45 P.M. 1929, to May 16, 1930 that I last saw her alive on May 15, 1930, and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute stoma
92.A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) POW
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Henschman, M. D.

577 . 1930 (Address) Poplar Bluff 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 Bay Springs Cemetery DATE OF BURIAL May 17 19 30

20. UNDERTAKER Alfred W. Greer ADDRESS Poplar Bluff

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

