OCT 28 1930

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

Do not use this space.

29737

1. PLACE OF DEATH

County: Henry — Registration District No. 352 — File No.

Township: ~~Deepwater~~ — Primary Registration District No. 4209 — Registered No. 14

City: Montrose (No. ..... St. ..... Ward)

2. FULL NAME Cornelia Eckle Nickell

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Coray Adger Nickell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	6		

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: self

9. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jacob Eckle

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

12. MAIDEN NAME OF MOTHER Elizabeth Clouseley

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

14. INFORMANT Coray Nickell (Address) Kansas City Mo

15. FILED Sep 30 1930 J M Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1930, to Sept 29, 1930 that I last saw h.r. alive on Sept. 29, 1930, and that death occurred, on the date stated above, at 9 25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

9 25

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

CONTRIBUTORY (SECONDARY) 900

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kansas City, Mo

D DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W E Baggerly, M. D

9-30, 1930 (Address) Montrose, 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	DATE OF BURIAL
Lexington, Mo	10-2 1930
20. UNDERTAKER	**ADDRESS**
Walling Bros	Montrose Mo

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.