

NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Rosette  
Township Columbia  
City Columbia

Registration District No. 73  
Primary Registration District No. 5112

File No. 32098  
Registered No. 209  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wm Dow Nichols

(a) Residence. No. 6 mi N.W. Columbia 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) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 2 25

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

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

10. NAME OF FATHER Milton Nichols

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

12. MAIDEN NAME OF MOTHER Martha Carlos

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

14. INFORMANT Rosie Nichols  
(Address) Columbia Mo.

15. FILED 10/13/30 F.C. Suggs  
bet deland REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 8<sup>th</sup> 1930 to Oct 8<sup>th</sup> 1930, and that I last saw him alive on Oct 8<sup>th</sup> 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Fractured Skull from fall from truck on N. 10<sup>th</sup> St. Oct 5<sup>th</sup> 1930 - accidental.  
Columbia, (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1882 (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) E. G. Davis, Coroner  
10/8/1930 (Address) Columbia 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 Providence DATE OF BURIAL 10-8-1930

20. UNDERTAKER W. T. Wauden Venter 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.

