

NOV 26 1930

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

Do not use this space.

33685

1. PLACE OF DEATH

County Oregon Co
Township Griddle
City Griddle

Registration District No. 636
Primary Registration District No. 5844

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Wanda Lee Nicholas
(a) Residence. No. _____ St. _____ 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/2/27

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 00 17

8. OCCUPATION OF DECEASED

- (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) Oregon Co mo
(STATE OR COUNTRY)

10. NAME OF FATHER Clarence Nicholas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oregon Co mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dorothy Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oregon Co mo
(STATE OR COUNTRY)

14. INFORMANT Clarence Nicholas
(Address) Alton mo

15. FILED 11/10 30 Ernoch Bailey
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/29 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1930 to Oct 29, 1930 that I last saw him alive on Oct 22, 1930, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

10th

10th (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Cold & Diphtheria

(duration) yrs. mos. 7 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 Diphtheria

(Signed) H. Groves, M. D.

, 19 (Address) Alton 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

Hudleston Cemetery 10/30 1930

20. UNDERTAKER

ADDRESS

Gas & Sons Alton 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.

