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

Do not use this space.

85

8868

File No.

Registered No. 297

1. PLACE OF DEATH

County Buchanan Registration District No.

Township Primary Registration District No. 1001

City St. Joseph (No. 2104 south 4 street St. Ward)

11 5 9 1 APR 21 1931

2. FULL NAME Margaret Teresa Nickols

(a) Residence. No. 2104 south 4 street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 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 John R Nickols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 6, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	2	14	

8. OCCUPATION OF DECEASED 234 11A

(a) Trade, profession, or particular kind of work House keeper 107A

(b) General nature of industry, business, or establishment in which employed (or employer) 97

(c) Name of employer own home

9. BIRTHPLACE (CITY OR TOWN) Limerick County
(STATE OR COUNTRY) Ireland 15

PARENTS

10. NAME OF FATHER Cornelius Twohill

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

12. MAIDEN NAME OF MOTHER Ellen Sheehy

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

14. INFORMANT Mrs Thomas McNearny
(Address) 2104 so.4 st.-St.Joseph Mo.

15. FILED MAR 23 1931, 19 John R Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 5

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 19 31

17. I HEREBY CERTIFY, That I attended deceased from Feb. 14-1931, 19, to March 17, 1931, that I last saw her alive on March 17, 1931, and that death occurred, on the date stated above, at 5:25 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Senile Debility - Bedridden for months)

Bronchial Pneumonia from influenza (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arteria sclerosis and hypertension (duration) 2 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) Jacob Geugen, M. D.

Mch 21, 1931 (Address) 212 Kirkpatrick Bldg St Jo

*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 Mt. Olivet Cemetery

DATE OF BURIAL Mar. 23 19 31

20. UNDERTAKER H. C. Siedenfaden

ADDRESS 1802 Union st.

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.