

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

Do not use this space.

9258  
93

1. PLACE OF DEATH

21 County Cole  
Township  
City Jefferson (No. ....)

Registration District No. 213  
Primary Registration District No. 3014

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Nichols</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 25, 1872</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>6</u>
If LESS than 1 day, .... hrs. or .... min.		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife 25  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mint Hill  
(STATE OR COUNTRY) Ozark Co. Mo. 1

PARENTS

10. NAME OF FATHER <u>Joseph Sieg</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland 26</u>
12. MAIDEN NAME OF MOTHER <u>Sarah Simpson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mint Hill Ozark Co. Mo. 1</u>

14. INFORMANT R. A. Nichols  
(Address) Chamois 200

15. FILED 4-9, 1931 N. Bedford  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/31 1931  
17. I HEREBY CERTIFY, That I attended deceased from March 18, 1931 to March 31, 1931 that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Lobar Pneumonia  
10 1/2 (duration) 26 yrs. 5 mos. 5 ds.  
CONTRIBUTORY Pneumonia abcess gall bladder (duration) 8 yrs. 8 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Chamois Mo  
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/21/31  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) W. C. ... M. D.  
3/31 1931 (Address) Jefferson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Union Cemetery, Chamois, Mo. 4/2 1931  
20. UNDERTAKER ADDRESS  
F. A. Engelage Chamois, 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.

APR 21 1931

