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 25 1931

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

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 11194
Township — Primary Registration District No. 3034 — Registered No. 57
City Moberly. (No. 520 No. Morley. St. Ward)

2. FULL NAME Josephephus C. Nichols
(a) Residence, No. 520 No Morley St., Ward. (If nonresident, give city or town and State)
(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.

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: Levenie Nichols
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 9th 1851
7. AGE: YEARS 79 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Mch 11th 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

FATHER
13. NAME: Thomas J. Nichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Rebecca Stipp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Elmer Givens Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE 3-16th 1931
19. UNDERTAKER (ADDRESS): Mahan and Son Moberly Mo
20. FILED 3/18 1931 Thos S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 14th, 1931
22. I HEREBY CERTIFY, That I attended deceased from Mch. 12 1931, to Mch. 14 1931
I last saw him alive on Mch. 13 1931. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy — Date of onset Mch. 14/31
824
102
82a

Other contributory causes of importance: arterial Hypertension

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) L. E. Huber, M. D.
(Address) Moberly Mo.