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.

MAY 2 1 1931

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

Do not use this space.

13526

1. PLACE OF DEATH

23 County Clark — Registration District No. 194 — File No.

Township Washington — Primary Registration District No. 5271 — Registered No. 5

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ovel Wyman Nichols

(a) Residence. No. Wyaconda, Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) oct-19-1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	5	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Keosauqua, Ia. 2
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wyman Nichols

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

12. MAIDEN NAME OF MOTHER Lizzie Manning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keosauqua, Ia
(STATE OR COUNTRY)

14. INFORMANT Mrs alta nichols
(Address) Wyaconda Mo

15. FILED 4-25, 1931 Bessie Blattner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) * April 18th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 5th, 1931, to April 18, 1931 that I last saw him alive on April 18, 1931, and that death occurred, on the date stated above, at 7.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Intestinal

2 5 Since the operation in 1929: Incision never healed (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Rutledge, Mo.

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 4th, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hospital Statement

(Signed) H H Marrett, M. D. C

Apr. 20, 1931 (Address) Wyaconda 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 Combs Cemetery — DATE OF BURIAL Apr 20 1931

20. UNDERTAKER Gerth & Baskett — ADDRESS Wyaconda, Mo

APR 27 1956