

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

Do not use this space.

21019

**1. PLACE OF DEATH**

County Dent Registration District No. 269  
Township Norman Primary Registration District No. 5376  
City..... (No.....) St..... Ward.....

File No.....  
Registered No. 2  
St..... Ward.....

**2. FULL NAME** Perry Edward Nichols

(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 <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Anna Brown</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>April 26 1891</b>		
7. AGE <b>40</b>	YEARS <b>2</b>	MONTHS <b>3</b>
		DAYS <b>3</b>
		If LESS than 1 day, .... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) **Centerville**  
(STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **Harve Nichols**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Putman Co Mo**  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **Caroline Ida Marrow**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Marietta Ohio**  
(STATE OR COUNTRY)

14. INFORMANT **Mrs Adela Hall**  
(Address) **St. Louis Mo.**

15. FILED **June 30 1931** **Miss Cora Bailey**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 29 1931**  
17. **HEREBY CERTIFY**, that I attended deceased from **June 25 1931** to **June 28 1931** that I last saw him, alive on **June 28 1931**, and that death occurred, on the date stated above, at **7:30 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**6th Addison's Disease.**  
**3 or more months.** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 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? **General Findings**  
(Signed) **Dr. H. H. Hubert** M. D.  
, 19 (Address) **Salem, 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 **Blackwell Cemetary**  
DATE OF BURIAL **June 30 1931**

20. UNDERTAKER **Carl K Spencer**  
ADDRESS **Salem.**

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.

AUG 25 1931

RESERVED FOR BINDING

