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

Do not use this space. 21535

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002 — File No.:
City: K.C. Mo. (No. 432 Benton St. Ward) — Registered No.: 2670

2. FULL NAME: William Steel Nicholson
(a) Residence. No. 432 Benton St., 9 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: M
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura L. S. Nicholson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-31-1849
7. AGE: Years 81 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: President of
(b) General nature of industry, business, or establishment in which employed (or employer): W. S. Nicholson
(c) Name of employer: Grocer
9. BIRTHPLACE (CITY OR TOWN): Balfour House
(STATE OR COUNTRY): Ireland
PARENTS
10. NAME OF FATHER: Robert S. Nicholson
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Elizabeth Mangle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland
14. INFORMANT: Mrs Laura L. Nicholson
(Address) 432 Benton
15. FILED 6/18, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-17-1931
17. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 16, 1931 that I last saw h. L. M. alive on June 16, 1931, and that death occurred, on the date stated above, at 7:20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Vascular-Renal
131
1116 (duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): edema of the lungs (duration) yrs. mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. Walter Henry, M. D.
6/18, 1931 (Address) 333 Argyle Bldg.

*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 Washington — DATE OF BURIAL: 6-20 1931
20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

H. C. Ho.