

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

Do not use this space.

30436

4

1. PLACE OF DEATH

County Andrew,
 Township
 City Savannah,

Registration District No. 13
 Primary Registration District No. 4070
 (No. Dr. Nichols Sanitorium)

File No.
 Registered No. 48
 St. Ward)

2. FULL NAME Newton W. Nickols,

(a) Residence. No. St. Ward. Atwood, Kansas,
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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) **Unknown,**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown,**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **About 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
About 70 Unk. Unk.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Justice of the Peace,**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Unknown,**
 (STATE OR COUNTRY) **Unknown,**

10. NAME OF FATHER **Unknown,**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown,**
 (STATE OR COUNTRY) **Unknown,**
 12. MAIDEN NAME OF MOTHER **Unknown,**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown,**
 (STATE OR COUNTRY) **Unknown,**

14. INFORMANT Dr. Nichols Sanitorium Records
 (Address) Savannah, Mo.

15. FILED Sept 23 1931 W. J. Jefferson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Sept 1, 1931, that I last saw him alive on Sept 1, 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Myocarditis
52
92C

CONTRIBUTORY (SECONDARY) Epithelium deft. lymph
 (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Not known
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS Physiopathology
 WAS THERE AN AUTOPSY? No
 9/ (Signed) J. E. Mettrey M. D.
 11, 1931 (Address) Savannah, 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 **Atwood, Kansas** DATE OF BURIAL **Sept. 3 1931**

20. UNDERTAKER Frank A. Bowman ADDRESS **Savannah, 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.

OCT 23 1931

