

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

Do not use this space.

31159

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. ....)

Registration District No. 398

Primary Registration District No. 3019

File No. ....

Registered No. 315

St. .... Ward

**2. FULL NAME**

Edith Irene Nickson

(a) Residence, No. 610 No. Birch Blvd. 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 Female 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 Dr. Charles S. Nickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri

13. NAME Charles Feindel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Virginia

17. INFORMANT (ADDRESS) Dr. Charles S. Nickson 610 No. Birch Blvd.

18. BURIAL, CREMATION, OR REMOVAL Mount Washington DATE Sept 19 1931

19. UNDERTAKER (ADDRESS) Casson Funeral Home Independence Mo

20. FILED Sept 18 1931 JL Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis  
1994  
93C

Other contributory causes of importance

Insults

Name of operation ..... Date of .....  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? .....

If so, specify .....

(Signed) J. L. Cook, M. D.  
(Address) Independence 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.

OCT 28 1931

WHITE (Lower); WITH OR WITHOUT INKING THIS IS A FULL-PERMANENT RECORD

