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.

JAN 19 1932

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

40240
40150

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 40150
Township — Primary Registration District No. 1001 — Registered No. 1285
City St Joseph (No. State Hospital #2 St. ..... Ward)

2. FULL NAME Louisa Nicolai
(a) Residence. No. 2433 Holmes St Kansas City Mo 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. 4 mos. 0 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 28, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	11	27	

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

9. BIRTHPLACE (CITY OR TOWN) Oshkosh
(STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER Peter Nicolai
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) U. S. Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Records State Hosp #2
(Address) St Joseph Mo

15. FILED 12/26 1931 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1931, to Dec 25, 1931 that I last saw her alive on Dec 25, 1931, and that death occurred, on the date stated above, at 9:20 a.m.

93c THE CAUSE OF DEATH* WAS AS FOLLOWS:
162
Chronic Myocarditis
Over (duration) yrs. 4 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Senile Dementia
Over (duration) yrs. 4 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?
(Signed) Clifton Smith, M. D.
Dec 25, 1931 (Address) State Hosp #2 St Joseph 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 State Hosp #2 Cem — DATE OF BURIAL Dec 26 1931

20. UNDERTAKER E. R. Sidenfaden — ADDRESS 602 So. 10