

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

Do not use this space.

42798

File No. \_\_\_\_\_  
Registered No. **12721**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1007**  
City **St. Louis** (No. **City Hospital**)

**2. FULL NAME**

(a) Residence, No. **914 Market 25** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **19** yrs. mos. 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) **single**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 28-1886**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<b>45</b>	<b>8</b>	<b>4</b>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
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) **Indiana**

FATHER  
13. NAME **Thomas Nickman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER  
15. MAIDEN NAME **Mary Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT (ADDRESS) **Hospital information City Hospital**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **St Louis Ill** DATE **12-8** 19**31**

19. UNDERTAKER **Walter Richter**  
(ADDRESS) **3500 Rutger St**

20. FILED **DEC 26 1931** **Max C. [unclear]** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 2nd, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1st, 1931, to Dec 2nd, 1931**.  
I last saw him alive on **Dec 2nd, 1931**. Death is said to have occurred on the date stated above, at **2:30 a.m.**

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

**234**  
**Pulmonary Tuberculosis**  
Other contributory causes of importance: **23**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Chest** Was there an autopsy? **No**

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) **Raymond [unclear]**, M. D.  
(Address) **City Hospital**

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.

Hickman