

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.

MAY 24 1932

Wingfield

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

Do not use this space.

12312

1. PLACE OF DEATH
 40 County Juniata Registration District No. 330
 4 Township _____ Primary Registration District No. 2017
 7 City Preston mo (No. _____) St. _____ Ward _____

2. FULL NAME Benjamin Clay Nichols
 (a) Residence, No. 1323 Cedar 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. 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) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary E. Nichols

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22, 1844

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>4</u>	<u>11</u>	

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

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) Missouri

13. NAME Benj. Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Anna Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Ray Derslow (ADDRESS) Preston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE add fellows DATE Apr 3 1932

19. UNDERTAKER Lippman Funn Co (ADDRESS) Preston mo

20. FILED Apr 7 1932 E. A. Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25 1932 to Apr 2 1932
 I last saw h. alive on Apr 2 1932. Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Adeno-Carcinoma Date of onset West Haven
Prostatic
51
51
 Other contributory causes of importance: _____

Name of operation Prostatectomy Date of 6-32
 What test confirmed diagnosis? Seb 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? no
 If so, specify _____
 (Signed) J. J. Maki M. D.
 (Address) Preston mo

