

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

Do not use this space.

15950

1. PLACE OF DEATH

42 County Henry
Township Tebot
City (No.)

Registration District No. 349
Primary Registration District No. 5487

File No.
Registered No. 9
St. Ward

2. FULL NAME

Ray Nichols Jr.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-21-1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
17. <u>17</u>		

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Jay E. Nichols</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Leta Ellen Elliott</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>

14. INFORMANT Jay E. Nichols
(Address) Rt. 1, Lector, Mo.

15. FILED 5/10/32 Ms. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1932
17. I HEREBY CERTIFY, That I attended deceased from April 21 1932 to May 8 1932, and that I last saw h.i.m. alive on May 7 1932, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth (7 months gestation)
154 (duration) yrs. 17 mos. 17 ds.
CONTRIBUTORY (SECONDARY) 154 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D.
 , 19 (Address)

*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 <u>Hickory Grove</u>	DATE OF BURIAL <u>5-8-1932</u>
20. UNDERTAKER <u>Johann L. Hallau</u>	ADDRESS <u>Lector, Mo.</u>

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.

MIN 2-2-1932

