

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

Do not use this space.

16059

1. PLACE OF DEATH

County Cassion Registration District No. 399 File No. _____
 Township 19th Primary Registration District No. 1002 Registered No. 1850
 City Kansas City (No. Kansas City Gen. Hosp.) Ward _____

2. FULL NAME

Joe Nichols
 (a) Residence, No. 712 Kensington 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Nichol
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 16 _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self 29
 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) Unknown
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Reverend Clerk
R.C. Gen'l Hosp. Rm.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 4 1933
 19. UNDERTAKER (ADDRESS) Wm. C. Foster
716 Broadway
 20. FILED May 5 1933 3rd M.M. Corone
Assn. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1933
 22. I HEREBY CERTIFY, That I attended deceased from April 12, 1933 to May 4, 1933
 I last saw him alive on May 4, 1933. Death is said to have occurred on the date stated above, at 10:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
820 800 W
 Other contributory causes of importance: _____
 Date of onset _____

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

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) R.C. Williams M. D.
 (Address) Subt R.C. Gen'l Hosp. Rm.

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.

