

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

Do not use this space.

**1. PLACE OF DEATH**

10 County Boone Registration District No. 73  
 13 Township Columbia Primary Registration District No. 3006  
 8 City Columbia (No. ....) Ward .....

File No. 18677  
 Registered No. 130  
 St. .... Ward .....

**2. FULL NAME**

Peter E. Nichols  
 (a) Residence, No. 603-Elm St. .... Ward .....

(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**

|  |   |  |  |   |
|--|---|--|--|---|
| <b>3. SEX</b><br><u>Male</u>   | <b>4. COLOR OR RACE</b><br><u>White</u>   | <b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word)<br><u>Married</u> |  |   |
| <b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b><br><u>Zina Pearl Nichols</u> |   |  |  |   |
| <b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b><br><u>June 4, 1880</u>                            |   |  |  |   |
| <b>7. AGE</b>  | <b>YEARS</b>  | <b>MONTHS</b>  | <b>DAYS</b>  | <b>If LESS than 1 day, hrs. or min.</b> |
|  | <u>51</u>   | <u>11</u>  | <u>27</u>  |   |
| <b>OCCUPATION</b>  | <b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b><br><u>Carpenter 29</u> |  |  |   |
|  | <b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>                                 |  |  |   |
|  | <b>10. Date deceased last worked at this occupation (month and year)</b>  |  | <b>11. Total time (years) spent in this occupation</b> |   |
| <b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b><br><u>Boone Co., Missouri</u>            |   |  |  |   |
| <b>FATHER</b>  | <b>13. NAME</b><br><u>William G. Nichols</u>  |  |  |   |
|  | <b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b><br><u>Kentucky</u>  |  |  |   |
| <b>MOTHER</b>  | <b>15. MAIDEN NAME</b><br><u>Elizabeth Jones</u>  |  |  |   |
|  | <b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b><br><u>Boone Co., Missouri</u>                                     |  |  |   |
| <b>17. INFORMANT (ADDRESS)</b><br><u>Kittler Nichols, Columbia, Mo.</u>                          |   |  |  |   |
| <b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b><br><u>New Liberty</u> DATE <u>June 8, 1937</u>    |   |  |  |   |
| <b>19. UNDERTAKER (ADDRESS)</b><br><u>Thos. McHardy, Columbia, Mo.</u>                           |   |  |  |   |
| <b>20. FILED</b> <u>6/27</u> <u>1937</u> <u>Allie Selby</u> Registrar                            |   |  |  |   |

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 6-1- 1937

**22. I HEREBY CERTIFY, That I attended deceased from**  
June 1, 1937, to X, 19...  
 I last saw X alive on X, 19... X Death is said to have occurred on the date stated above, at 11:20 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Cardiac Dilatation -  
Cardiac Hypertrophy - 150  
Cerebral Edema - 150  
Hypertension - 24

Other contributory causes of importance:  
(5) 95 102

**Name of operation** ..... **Date of** .....

**What test confirmed diagnosis?** Autopsy. Was there an autopsy? Yes

**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) E. G. Davis, Coroner, M.D.  
 (Address) Columbia Mo.

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.

JUN 31 1937

