

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

Do not use this space.

18855

1. PLACE OF DEATH

14 County Callaway
2 Township
7 City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 113
St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. St. Louis, Mo.
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. B. Nichols

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 - 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
(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) Georgia 2

PARENTS

10. NAME OF FATHER OK

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) OK 31

12. MAIDEN NAME OF MOTHER WIK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) WIK

14. INFORMANT (Address) Geo. B. Nichols
St. Louis, Mo.

15. FILED 7/7, 1932 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7-1932

17. I HEREBY CERTIFY, That I attended deceased from 5/31/32, 1932 to 5/7/32, 1932, that I last saw h. alive on 6/7/32, 1932, and that death occurred, on the date stated above, at 11/30/A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Concussion brain, cerebral hemorrhage, internal bodily injuries, multiple fractures, caused by auto accident near Fulton Mo. 5/31/1932.

(duration) 4 yrs. 6 mos. 6 ds.

CONTRIBUTORY Diabetic (SECONDARY)

(duration) 5 yrs. 6 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, H.W. No. 40. Near Williamsburg Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination

(Signed) Gene D. McCamell M. D.

, 19 _____ (Address) Fulton Mo.

*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

Birmingham, Ala

DATE OF BURIAL

June 10 1932

20. UNDERTAKER

Geo. J. Wallace

ADDRESS

Fulton Mo.

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.

