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 23 1932

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

Do not use this space.

19965

1. PLACE OF DEATH
54 County Lafayette — Registration District No. 460 — File No.
Township Dover — Primary Registration District No. 5623 — Registered No. 40
City Higginsville (No. ..... St. ..... Ward)

2. FULL NAME Isaac Jacob Nichols
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15 1845
7. AGE: YEARS 86 — MONTHS 9 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Boon Co, Mo.

FATHER
13. NAME: Robert Nichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. USA

MOTHER
15. MAIDEN NAME: Mary J Slavens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo USA

17. INFORMANT (ADDRESS): [illegible] Supt.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Mo DATE: 6/5 1932
19. UNDERTAKER (ADDRESS): [illegible] Higginsville Mo
20. FILED: 6-5-1932 Dr. W. A. Braeckleine, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 26, 1932 to June 5, 1932
I last saw him alive on June 5, 1932. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hip Broken by a fall at Columbia Mo. While there on a furlow.	May 8 1932
186A	
194B	
162	
Other contributory causes of importance: Senility	
186	14

Name of operation: — Date of
What test confirmed diagnosis? clinical X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accidental Date of injury May 8, 1932
Where did injury occur? Columbia Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. his room
Manner of injury: Fall
Nature of injury: Hip broken

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B F Bowline, M. D.
(Address) Higginsville Mo