

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

Do not use this space.

23306

1. PLACE OF DEATH

58 County Linn Registration District No. 496
 1 Township Prossfield Primary Registration District No. 3025
 7 City Prossfield (No. 626 N Livingston) St. 2 Ward

File No. _____
 Registered No. 59
 St. 2 Ward

2. FULL NAME

Donald Loren Nichols
 (a) Residence, No. 626 N Livingston St. 2 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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-32</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | | 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) <u>Prossfield Mo</u> | | |
| FATHER | 13. NAME <u>D & Nichols</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prossfield Mo</u> | |
| MOTHER | 15. MAIDEN NAME <u>Ula May Couch</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Mo</u> | |
| 17. INFORMANT <u>D. L. Nichols</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cap. Cemetery Linn Mo 7/9/32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Shurtz & Callahan Prossfield</u> | | |
| 20. FILED <u>7-8 1932</u> <u>E. E. Jenkins</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932, to July 7, 1932
 I last saw him alive on July 7, 1932. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Suppuration during delivery.
1909/6073
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? No
 If so, specify _____
 (Signed) E. A. Stanley, M. D.
 (Address) Prossfield 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.

623 35 1932

