N. B.—Ev[illegible]n of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF [illegible]TH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space. 24443

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6572

City ST. LOUIS MO. (No. 3926a NORTH GRAND BLV'D. St. ..... Ward)

2. FULL NAME LILLIAN NICHOLS.

(a) Residence, No. 3926a NORTH GRAND, BLV'D. St., 10 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: FEMALE.
4. COLOR OR RACE: WHITE.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOW

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: JOHN THOMAS NICHOLS.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/2/1866.

7. AGE: YEARS 66 | MONTHS 2 | DAYS 14. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWORK.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOME. 2 35
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): MISSOURI. 1

FATHER

13. NAME: DO NOT KNOW. (GRACE.)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN. 3 18

MOTHER

15. MAIDEN NAME: DO NOT KNOW.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Henry J Nichols. 3926 A NORTH GRAND BLV'D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. JOHNS, NORTH DATE 7/18/32. 19

19. UNDERTAKER (ADDRESS): Provost Undertaking Co 3710 NORTH GRAND BLV'D.

20. FILED JUL 18 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 16th, 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to July 16, 1932

I last saw her alive on July 18, 1932. Death is said to have occurred on the date stated above, at 9-25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis [illegible]	3 months
46 E	
46 B	
93 [illegible] (1)	

Other contributory causes of importance:

Cancer of Stomach & liver [illegible]	6 months
Acute Nephritis	2 weeks

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) Whitcomb Hall, M. D.

(Address) 1625 Tower Grove Ave

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.

REGISTRAR WILL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6572

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Lillian Nichols

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	wid

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

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

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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED ....., 19.... Max C Starkloff Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Primary seat of Cancer in Liver

Information given over Phone by Dr. W. A. Hall, Div. of W.S. 9-8-32

Other contributory causes of importance:

Cancer of Stomach & Liver — Acute Nephritis

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) ....., M. D.

(Address) .....

SUPPLEMENTARY

466

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