

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

Do not use this space.

25215

**1. PLACE OF DEATH**

County Washington  
Township Union  
City (No. ) St. Ward

Registration District No. 887  
Primary Registration District No. 6182

File No. ....  
Registered No. 58

**2. FULL NAME**

(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.

Mary Rosie Nicholson

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-15-1932</u>		
7. AGE YEARS	MONTHS	DAYS
<u>-</u>	<u>-</u>	<u>-</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>-</u>
	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) This Co. 1

FATHER 13. NAME Joseph E. Nicholson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

MOTHER 15. MAIDEN NAME Mrs. Golden

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

17. INFORMANT (ADDRESS) Pat. Nicholson

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff. Mo. DATE 7-16 1932

19. UNDERTAKER (ADDRESS) Pat. Nicholson

20. FILED 7-15 1932 Jo. L. Thurman Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician 1932  
I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 6:40 A.M.  
The principal cause of death and related causes of importance were as follows:

atelectasis - Date of onset

15/16/17

Other contributory causes of importance: 7

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 Jo. L. Thurman, Inc. Reg. M. D.

(Signed) Pat. Nicholson Registrar

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.

AUG 27 1932

