

NOV 28 1932

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

Do not use this space.

33356

1. PLACE OF DEATH

94 County St. Francois Registration District No. 773
Township " Primary Registration District No. 6018A
City Deer Run Junction (No. ") St. " Ward "

File No. 115Registered No. "

2. FULL NAME

Samuel National Nicholson
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Irene Nicholson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25 - 1953</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>6</u>
		DAYS
		<u>20</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>Farmer</u>	
	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>Indiana</u> <u>21</u>		
FATHER	13. NAME <u>Wm. Kitcher Nicholson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Wm. Kitcher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Mrs. Georgia Sawyer</u> (ADDRESS) <u>daughter</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park View Cemetery</u> DATE <u>Oct. 17</u> 19 <u>32</u> <u>Farmington</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. W. Hood</u> <u>1st St. N. E.</u>		
20. FILED <u>10-17-</u> 19 <u>32</u> <u>B. J. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/23/32, 1932, to 10/18/32, 1932.
I last saw him alive on Oct 7, 1932. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Intestinal rephritis
150
114 B / 31
Other contributory causes of importance:
Abscess of right lung
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 1932
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 Chyds C. Wentz, M. D.
(Signed) Chyds C. Wentz
(Address) Farming ton Mo

