

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. Mo. Baptist Hosp)

File No. 33734

Registered No. 9029

St. Ward)

2. FULL NAME Ralph M Nichols

(a) Residence. No. 4532 San Francisco St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1872

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>11</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tool Maker 16
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mich

10. NAME OF FATHER S.H. Nichols

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Mary Ann Norris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT Iida B Nichols (Address) 4532 San Francisco

15. FILED OCT 11 1932 Max C. Stockloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 9 - 1932

I HEREBY CERTIFY, That I attended deceased from Sept 3 - 1932 to Sept 9 - 1932 that I last saw him alive on Oct 1 - 9 - 1932 and that death occurred, on the date stated above, at 9 P in.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute Peritonitis
1/2 of 1/2
(duration) yrs. mos. 3 ds.
CONTRIBUTORY Empyema of Gall Bladder (SECONDARY) (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... (D)
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 4 - 32

WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS plumage & autopsy
(Signed) Claveland H. Shurt M. D.
(Address) 305 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL Oct 13 1932

20. UNDERTAKER J O Murrells Son ADDRESS 2637 Hickory St

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.

