

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

Do not use this space.

36761

1. PLACE OF DEATH

86 County Putnam
Towship Union
City (No.)

Registration District No. 7/6
Primary Registration District No. 5947

File No.
Registered No. HH
St. Ward)

2. FULL NAME

John Heneay Nichols
(a) Residence No. St. Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 4 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Putnam Co, Mo

10. NAME OF FATHER Everett Nichols

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Putnam Co, Mo

12. MAIDEN NAME OF MOTHER Julia Phelps

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

14. INFORMANT Everett Nichols
(Address) Unionville Mo

15. FILED Nov 6, 1937 J. M. Holman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1937

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental gun shot wound
184

CONTRIBUTORY (SECONDARY) gunshot death
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 184 (5) 1937

8 DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Frank Orinail Carney, 19 (Address) Unionville Mo

*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 West Liberty Cemetery DATE OF BURIAL Nov 6 1937

20. UNDERTAKER Cumstock Merc ADDRESS Unionville

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.

