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.

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

Do not use this space.

39767

399

1002

File No. 4774

Registered No.

1. PLACE OF DEATH

County Jackson

Township Law

City Kansas City (No. 5140 Walnut St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Dorothy May Nichols

(a) Residence, No. 5140 Walnut St., 8 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 Fe

4. COLOR OR RACE Wh

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) May 7, 1905

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 27 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Kansas City Mo.

FATHER

13. NAME George O. Nichols

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

MOTHER

15. MAIDEN NAME Gertrude A. McCain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT Mrs. Geo. O. Nichols
(ADDRESS) 5140 Walnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE ....19....

19. UNDERTAKER W. H. Gunzemer's Sons
(ADDRESS) Mo.

20. FILED 12-15 1932 M. M. Crowe
Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Dec 15, 1932

I last saw her alive on Dec 13, 1932. Death is said to have occurred on the date stated above, at 12 noon

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

| | Date of onset |
|---|---|
| Pulmonary | |
| 22A Tuberculosis | |
| | |
| Other contributory causes of importance: | |

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) George F. Gump M. D.

(Address)

Dr. George Bury
Chamlers Bldg.
1:30 – 4:30

12.