

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.

MAY 24 1933

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

Do not use this space.

15410

1. PLACE OF DEATH

County Scott  
Township Dandy Woods  
City Near Blodgett, Mo. (No. .... St. .... Ward)

Registration District No. 612  
Primary Registration District No. 612

File No. ....  
Registered No. 14

2. FULL NAME

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8<sup>th</sup> 1932</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>6</u>	<u>5</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>at home</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) Sikeston Mo

13. NAME Elvis - Ralph Nickell

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

15. MAIDEN NAME Ruby Propst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo

17. INFORMANT Elvis Nickell

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE 4/14 1933

19. UNDERTAKER J. F. Murrelee (ADDRESS) Blodgett, Mo.

20. FILED Apr 26 1933 J. F. Murrelee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1933

22. HEREBY CERTIFY, That I attended deceased from Apr 12 1933 to Apr 13 1933

I last saw him alive on Apr 13 1933. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Indigestion (Gastric)

Date of onset 4-11-33

Other contributory causes of importance: 108

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? no

If so, specify ..... (Signed) J. F. Murrelee M. D.

(Address) Blodgett, Mo

