20

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.

AUG 28 19..

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

Do not use this space.

22128

File No.

Registered No. 173

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875

Township Washington — Primary Registration District No. 6162

City Nevada (No. , St. Ward)

2. FULL NAME Clarence Nichols

(a) Residence, No. State Hosp # 3 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D-R 1898

7. AGE: YEARS 35 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo.

FATHER

13. NAME —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

MOTHER

15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Mrs S. A. Loveth 508 E. Portland Phoenix Ariz

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pierce City Mo DATE 6-24 1933

19. UNDERTAKER (ADDRESS) Allen V Hays Nevada Mo.

20. FILED 8-3 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Aug 4, 1931, to June 21, 1933

I last saw him alive on June 21, 1933 Death is said to have occurred on the date stated above, at 12 P.M. (noon)

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

	Date of onset
Broncho-Pneumonia	3 d
107A 85	
107A	

Other contributory causes of importance:

Epilepsy	yrs.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

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) Laurence L. Cooper, M. D.

(Address) Nevada Mo