

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.

001 20 1533

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

Do not use this space.

28801

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. 1105 South 14th Street,

File No.

Registered No. 903

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William J. McNichols,

(a) Residence, No. 1105 South 14th St., \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 0 20

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Meadville, (STATE OR COUNTRY) Missouri

FATHER 13. NAME John McNichols

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME ANNA Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

17. INFORMANT Eddie J. McNichols, (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Sept. 13, 1933

19. UNDERTAKER Fleeman Mortuary, Inc., (ADDRESS) St. Joseph, Mo.

20. FILED 9-12-1933 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10<sup>th</sup> to 11<sup>th</sup>, 1933.  
I last saw him alive on Sept. 11<sup>th</sup>, 1933. Death is said to have occurred on the date stated above, at 2 A. m.

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

Epithelioma of left side of lip & mouth  
Date of onset End known  
Other contributory causes of importance: 45A  
45C

Name of operation none 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) A. C. Holey, M.D.  
(Address) 822 Edmond St. Joseph, Mo.

