

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 109
 Township Summit Primary Registration District No. 5-152
 City Aubrey, Elwin (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <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>Dec 27 1914</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>8</u>
	DAYS <u>14</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>Mill hand</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) <u>4/11/33</u>	
	11. Total time (years) spent in this occupation <u>3</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Beverly Nichols</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Maud Stappington</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Beverly Nichols</u> (ADDRESS) <u>Ashland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty</u> DATE <u>9/13</u>		
19. UNDERTAKER <u>Ashland Undert. Co.</u> (ADDRESS) <u>Ashland Mo</u>		
20. FILED <u>Oct 10</u> 19 <u>33</u> <u>M. P. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from viewed at coroner's, 1933, to coroner's, 1933.
 I last saw him body alive on _____, 1933. Death is said to have occurred on the date stated above, at 4:05 P.M.
 The principal cause of death and related causes of importance were as follows:
driving a truck + ran into a train on C. & A. at Cedar city fractured skull + numerous cuts on head + arm
 Other contributory causes of importance:
204 206 M
 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 accident Date of injury 9/11/33, 1933
 Where did injury occur? junction of C. & A. & Mo. & C. Cedar city Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place, on highway no car
 Manner of injury in truck struck by train
 Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) C. H. Christian M.D.
 (Address) Coroner of Callaway
Clinton Mo

28945

File No. _____

Registered No. 568

St. _____ Ward _____

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.

66-20-1533

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